04/18/2008 15:44

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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE 520 N. NORTHWEST HIGHWAY ADDRESS (number and street) Check if different than previously PARK RIDGE 60068 ΙĻ reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00255752 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Χ Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 03 0 1 2008 03 3 1 2008 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. RICHARD BARWACZ Type or Print Name of Treasurer Electronically Filed by RICHARD BARWACZ 04 18 2008 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE OF RECEIPTS AND DISRURSEMENTS

Page 2

FEC Form 3X (Rev. 02/2003)

OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE D D " D 03 0 1 2008 0.3 3 1 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 2008 1160205.04 January 1 (b) Cash on Hand at 1274907.10 Begining of Reporting Period 117127.34 389030.02 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 1392034.44 1549235.06 6(a) and 6(c) for Column B) 148955.84 306156.46 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 1243078.60 1243078.60 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Report Covering the Period: From:	0 3 0 1 2 0 0 8 To	D: 03 31 2008
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From: (a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	91151.00	301651.00
(ii) Unitemized	22840.00	75915.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	113991.00	377566.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees(such as PACs)(d) Total Contributions (add Lines	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	113991.00	377566.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received15. Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	3136.34	11464.02
18. Transfers from Non-Federal and Levin Fund	ds	
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	117127.34	389030.02
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	117127.34	389030.02

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4 **COLUMN A COLUMN B II. DISBURSEMENTS Total This Period** Calendar Year-to-Date 21. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 0.00 0.00 Expenditures..... (c) Total Operating Expenditures 0.00 0.00 (add 21(a)(i), (a)(ii) and (b))............ 22. Transfers to Affiliated/Other Party 0.00 0.00 Committees..... Contributions to 23. Federal Candidates/Committees.....and Other Political Committees..... 274500.00 125500.00 24. Independent Expenditure 0.00 0.00 0.00 0.00 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 27. Loans Made..... 28. Refunds of Contributions To: Individuals/Persons Other 0.00 0.00 Than Political Committees 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) (d) Total Contribution Refunds 0.00 0.00 (add Lines 28(a), (b), and (c)) 23455.84 31656.46 29. Other Disbursements..... 30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) 0.00 0.00 (i) Federal Share 0.00 0.00 (ii) "Levin" Share (b) Federal Election Activity Paid Entirely 0.00 0.00 With Federal Funds (c) Total Federal Election Activity (add 0.00 0.00 Lines 30(a)(i), 30(a)(ii) and 30(b)).... 31. Total Disbursements (add Lines 21(c), 22, 148955.84 306156.46 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) 148955.84 306156.46 from Line 31).....

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	113991.00	377566.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	113991.00	377566.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FE6AN026

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 113 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by any person the name and address of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	ESIOLOGISTS POLITICAL ACTION COM	
Full Name (Last, First, Middle Initial) JOAN ABELE		Date of Receipt
Mailing Address 6985 CANYON CRE	EEK CIR	0 3 0 5 2 0 0 8
City	State Zip Code UT 84121	Transaction ID: SA11AI.60774
SALT LAKE CITY FEC ID number of contributing federal political committee.	UT 84121	Amount of Each Receipt this Period 250.00
Name of Employer MOUNTAIN WEST ANES	Occupation	
Receipt For: Primary General Other (specify) ▼	PHYSICIAN Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) SABBIR AHMED		Date of Receipt
Mailing Address 4802 LAKESHORE	RD	03 / 31 / 2008
City	State Zip Code	Transaction ID: SA11AI.61564
FT GRATIOT FEC ID number of contributing federal political committee.	MI 48059	Amount of Each Receipt this Period 250.00
Name of Employer PORT HURON ANESTH	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) ALAN ALMENGUAL		Date of Receipt
Mailing Address 1015 MARCO DR N	IE	03 07 7 2008
City ST PETERSBURG	State Zip Code FL 33702	Transaction ID: SA11AI.61078 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional		750.00

A.

В.

C.

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 7/113
ITEMIZED RECEIPTS		for each category of the	(check only one)
TI EIWIZED TIEGEII TO		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any information copied from such Reports and	Statements ma	v not be sold or used by any perso	
or for commercial purposes, other than using th	e name and ad	dress of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) DAVID ANDREWS			Date of Receipt
Mailing Address 18 WOODS ROAD			03 16 2008
City	State	Zip Code	Transaction ID: SA11AI.61202
<u>FALMOUTH</u>	ME	04105	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer MAINE ANESTHESIOLOGY	Occupation PHYSIC		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
Other (specify)		0 0 0 0 0 0 0	1
Full Name (Last, First, Middle Initial) JOSEPH ANNIS			Date of Receipt
Mailing Address 3 SUNDOWN PARKV	VAY		M M / D D / Y Y Y Y
City.	Ctoto	7in Codo	03 22 2008
City AUSTIN	State TX	Zip Code 78746	Transaction ID: SA11Al.61248 Amount of Each Receipt this Period
FEC ID number of contributing		70740	
federal political committee.	C		250.00
Name of Employer DARTMOUTH-HITCHCOCK MEDIC- AL CENTER	Occupation PHYSIC		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial)			D. (D.)
EDDIE ASH Mailing Address P.O. BOX 8305			Date of Receipt
			03 07 2008
City	State	Zip Code	Transaction ID: SA11Al.61054
GADSDEN	AL	35902	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer ANESTH ASSOC	Occupation ANESTH	n IESIOLOGIST	
Receipt For:	Aggregate	e Year-to-Date 🔻	
Primary General		500.00	1
Other (specify) ▼		000.00	1
SUBTOTAL of Receipts This Page (optional).			1000.00
COSTONAL OF TOCOMPLET THIS T age (optional).			

SCHEDULE A (ITEMIZED REC	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 113 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purpo	ses, other than using the name a TEE (In Full)	nd address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
AMERICAN SOC	EIETY OF ANESTHESIOLOG	GISTS POLITICAL ACTION COM	IMITTEE
Full Name (Last, First			Date of Receipt
Mailing Address 8	703 PALM LAKE DR		03 / 15 / 2008
City	Sta	'	Transaction ID: SA11AI.61196
ORLANDO	FL	. 32819	Amount of Each Receipt this Period
FEC ID number of confederal political comm			250.00
Name of Employer JLR MEDICAL GRO	OUP Occi	upation ESTHESIOLOGIST	
Receipt For: Primary Other (specify)	General	regate Year-to-Date ▼ 250.00	
Full Name (Last, First KYRA BANNISTER	st, Middle Initial)		Date of Receipt
Mailing Address 1	GUTHRIE SQUARE		03 07 2008
City	Sta		Transaction ID: SA11AI.61097
SAYRE	PA	18840	Amount of Each Receipt this Period
FEC ID number of confederal political comm			250.00
Name of Employer GUTHRIE CLINIC		upation ESTHESIOLOGIST	
Receipt For: Primary Other (specify)	General	regate Year-to-Date ▼ 250.00]
Full Name (Last, First JAMES BARATTA	st, Middle Initial)		Date of Receipt
Mailing Address 1	9 THISTLE LN		03 28 2008
City WARREN	Sta NJ	'	Transaction ID: SA11AI.61402 Amount of Each Receipt this Period
FEC ID number of confederal political comm	ontributing		250.00
Name of Employer SELF-EMPLOYED		upation ESTHESIOLOGIST	7
Receipt For: Primary Other (specify)	General	regate Year-to-Date ▼ 250.00	
SUBTOTAL of Receip	ts This Page (optional)		750.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 113 (check only one) X 11a
or for	nformation copied from such Reports and someonical purposes, other than using the AME OF COMMITTEE (In Full) MERICAN SOCIETY OF ANESTHE	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
		SIULUGIST	5 PULITICAL ACTION COM	
. <u>J</u>	JII Name (Last, First, Middle Initial) AMES BARTLETT	DIVE		Date of Receipt
IVI	ailing Address 7 LINCOLN PLACE D	IKIVE		03 / 17 / 2008
	ity	State	Zip Code	Transaction ID: SA11AI.61210
	ES MOINES EC ID number of contributing	IA	50312	Amount of Each Receipt this Period
fe	deral political committee.	C		500.00
<u>L(</u>	ame of Employer IEDICAL CENTER ANESTHESIO- OGISTS, PC	Occupatio PHYSICI		
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	ull Name (Last, First, Middle Initial) /ILLIAM BECK			Date of Receipt
M	ailing Address 1833 TUSCANY AVE			03 07 2008
	ity	State	Zip Code	Transaction ID: SA11AI.61084
	PRINGDALE	AR	72764	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		250.00
Na N	ame of Employer ORTHWEST ANESTH	Occupatio ANESTH	n IESIOLOGIST	
Re	eceipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
	ull Name (Last, First, Middle Initial) ERRY BEJOT			Date of Receipt
M	ailing Address 6441 MESAVERDE D	RIVE		03 24 2008
	ity	State	Zip Code	Transaction ID: SA11AI.61278
_	INCOLN	NE	68510	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		500.00
Na A S	ame of Employer SSOCIATED ANESTHESIOLOGI- TS, PC	Occupatio ANESTH	n IESIOLOGIST	
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
SIIB	RTOTAL of Receipts This Page (optional) .	1		1250.00

Anniefannetien enried fram eneb December and	Detailed Summary Page	X 11a 11b 11c 12 15 16 1
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pers- ne name and address of any political committee to ESIOLOGISTS POLITICAL ACTION COM	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) PAULA BERG Mailing Address 3316 EAST DOBSOI City ANN ARBOR FEC ID number of contributing federal political committee. Name of Employer GREAT LAKES ANESTHESIA ASSOCIATES Receipt For: Primary General	State Zip Code MI 48105 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date	Date of Receipt 0 3
Other (specify) Full Name (Last, First, Middle Initial) ANGELINA BHANDARI Mailing Address 1653 W CONGRESS City CHICAGO FEC ID number of contributing federal political committee. Name of Employer UNIV ANESTH Receipt For:	S PKWY #739 State Zip Code IL 60612 C Occupation PHYSICIAN Aggregate Year-to-Date	Date of Receipt M M M O T O T 2 0 0 8 Transaction ID: SA11AI.60977 Amount of Each Receipt this Period 250.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) MICHAEL BIGELOW Mailing Address 334 W BLITHEDALE City MILL VALLEY FEC ID number of contributing federal political committee.	State Zip Code CA 94941	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer SELF-EMPLOYED Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	Occupation PHYSICIAN Aggregate Year-to-Date ▼ 500.00	1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 113 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) MARY BISSING Mailing Address 40 SHUMAN BLVD		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City NAPERVILLE FEC ID number of contributing	State Zip Code IL 60563	Transaction ID: SA11AI.61472 Amount of Each Receipt this Period
federal political committee. Name of Employer PARK RIDGE ANESTH	Occupation	250.00
Receipt For: Primary General Other (specify) ▼	PHYSICIAN Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) STEPHEN BLATT Mailing Address 255 CHESTNUT F	LATS RD	Date of Receipt 0 3 2 3 2 0 0 8
City WAYNESVILLE	State Zip Code NC 28786	Transaction ID: SA11AI.61253 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer PLOTT CREEK ANESTHESIA SE- RVICES, P.A. Receipt For: Primary General Other (specify) ▼	Occupation PHYSICIAN Aggregate Year-to-Date 500.00	1
Full Name (Last, First, Middle Initial) JOHN BOUDREAUX Mailing Address 3601 GARDENIA [DR.	Date of Receipt
City	State Zip Code	0 3 1 9 2 0 0 8 Transaction ID: SA11AI.61222
ARLINGTON FEC ID number of contributing federal political committee.	TX 76016	Amount of Each Receipt this Period 250.00
Name of Employer PINNACLE PARTNERS	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option:	al)	1000.00

9	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 12/113
	· ·		for each category of the	(check only one)
	TEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
	Any information copied from such Reports and Stror for commercial purposes, other than using the	atements may	y not be sold or used by any perso	on for the purpose of soliciting contributions
<u> </u>		Tarrio aria aa	aroco or arry pointion committee to	Const. Contains attended in Contains a contains attended.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	OLOGIST	S POLITICAL ACTION COM	MITTEE
Z	Full Name (Last, First, Middle Initial)			
A.	PETER BRADY			Date of Receipt
	Mailing Address 2901 N CENTRAL AVE	#500		03 07 2008
	City	State	Zip Code	Transaction ID: SA11AI.60994
	PHOENIX	AZ	85012	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer VALLEY ANES CONSUL	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1 1	500.00	1
	Other (specify) ▼		300.00	
- В.	Full Name (Last, First, Middle Initial) JOHNNY BRIAN			Date of Receipt
	Mailing Address P.O. BOX 2441			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.60806
	DAVENPORT	IA	52809	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		1000.00
	Name of Employer ANESTH & ANALGESIA	Occupatio ANESTH	n HESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	-	1000.00	1
	Other (specify) ▼	0 0	1000.00	
С.	Full Name (Last, First, Middle Initial) DIANN BRIDENBAUGH			Date of Receipt
O .	Mailing Address 234 GOODMAN ST			M M / D D / Y Y Y Y Y O O O O O O O O O O O O O O
	City	State	Zip Code	Transaction ID: SA11AI.60985
	<u>CINCINNATI</u>	OH	45267	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer UNIV ANES ASSOC	Occupatio		
	Receipt For:	-	e Year-to-Date V	7
	Primary General		050.00	1
	Other (specify)		250.00	
Γ				
	SUBTOTAL of Receipts This Page (optional)		······	1750.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 113 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
AMERICAN SOCIETY OF ANES	THESIOLOGISTS POLITICAL ACTION COMP	MITTEE
Full Name (Last, First, Middle Initial) GERALD BROCKER		Date of Receipt
Mailing Address 5959 SHALLOWF	FORD RD#575	03 07 2008
City	State Zip Code	Transaction ID: SA11AI.61029
CHATTANOOGA	TN 37421	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer ACE	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) CYNTHIA BROWN	L	Date of Receipt
Mailing Address 8021 WINSTON	AVE	M M / D D / Y Y Y Y Y O S O S O S O S O S O S
City	State Zip Code	Transaction ID: SA11AI.60848
LUBBOCK	TX 79424	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer COVENANT MED GRP	Occupation ANESTHESIOLOGIST	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) PHILLIP BROWN	L	Date of Receipt
Mailing Address 2916 N ALEXANI	DER LN	03 28 2008
City	State Zip Code	Transaction ID: SA11Al.61410
BETHANY	OK 73008	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer NORTHWEST ANESTH	Occupation PHYSICIAN	7
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optio	nal)	1250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 113 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee of the name and address of the name an	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DAVID BRYANT Mailing Address 13601 PRESTON F City DALLAS FEC ID number of contributing	RD900W State Zip Code TX 75240	Date of Receipt M M M / D D A / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary Other (specify)	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) FIONA BUCKLEY Mailing Address P.O. BOX 3209		Date of Receipt 0 3
City BOZEMAN FEC ID number of contributing federal political committee.	State Zip Code MT 59772	Transaction ID: SA11AI.60755 Amount of Each Receipt this Period 250.00
Name of Employer GALLATIN VALLEY ANES Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) RUSSELL BUESING Mailing Address 7987 S CLAYTON	CIR	Date of Receipt 0 3 0 6 2 0 0 8
City CENTENNIAL FEC ID number of contributing federal political committee.	State Zip Code CO 80122	Transaction ID: SA11AI.60886 Amount of Each Receipt this Period 250.00
Name of Employer S DENVER ANESTH	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)(k	1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 113 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	Statements may not be sold or used by any peen name and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) GRAHAM BULLARD Mailing Address 18501 PENINSULA C City CORNELIUS FEC ID number of contributing federal political committee. Name of Employer SOUTHEAST ANESTHESIOLOGY CONSULTANTS Receipt For: Primary General Other (specify)	State Zip Code NC 28031 C Occupation PHYSICIAN Aggregate Year-to-Date 250.00	Date of Receipt M M M O 3 2008 Transaction ID: SA11Al.60607 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) REBECCA BURFEIND Mailing Address 8338 FONTANA City PRAIRIE VILLAGE FEC ID number of contributing federal political committee. Name of Employer ANES ASSOC KANSAS CITY Receipt For: Primary General Other (specify)	State Zip Code KS 66207 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 300.00	Date of Receipt M M M / D D / Y Y Y Y Y O 3
Full Name (Last, First, Middle Initial) SHEILA BUSHELE Mailing Address 113 FOREST DR City CARL JUNCTION FEC ID number of contributing federal political committee. Name of Employer GREAT ANES SERV Receipt For: Primary General Other (specify)	State Zip Code MO 64834 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y O 3 1 2 0 0 8 Transaction ID: SA11AI.61571 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional)	•	1050.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 113 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Report or for commercial purposes, other than use NAME OF COMMITTEE (In Full)	is and Statements may not be sold or used by any perso sing the name and address of any political committee to	n for the purpose of soliciting contributions
1 1	STHESIOLOGISTS POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) DANIEL BUSTAMANTE		Date of Receipt
Mailing Address P.O. BOX 5194	7	03 05 2008
City	State Zip Code	Transaction ID: SA11AI.60804
KNOXVILLE	TN 37950	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	750.00
Name of Employer UNIV OF TENNESSEE	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) CHARLES CAIN		Date of Receipt
Mailing Address 5141 BROADW	AY	03 / 28 / Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11Al.61333
NEW YORK	NY 10034	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer NY PRESBYTERIAN HOSP	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) FREDERICK CAMPBELL		Date of Receipt
Mailing Address 4100 PARK FOR	REST #210	03 / 07 / Y Y Y Y Y
City TRAVERSE CITY	State Zip Code MI 49684	Transaction ID: SA11AI.61018 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer TRAVERSE ANES ASSOC	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (opt	ional)	1250.00

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any per the name and address of any political committee	rson for the purpose of soliciting contributions
AMERICAN SOCIETY OF ANESTH	ESIOLOGISTS POLITICAL ACTION CO	MMITTEE
Full Name (Last, First, Middle Initial) STEPHEN CAMPBELL Mailing Address 545 BEVERLY DR		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City SUMMERVILLE	State Zip Code SC 29485	Transaction ID: SA11AI.61065 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer ANES ASSOC CHARLESTON	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) JAMES CARLIN Mailing Address 7826 E TORIN ST	•	Date of Receipt
Mailing Address 7826 E TORIN ST	03 04 2008	
City	State Zip Code	Transaction ID: SA11AI.60709
LONG BEACH FEC ID number of contributing federal political committee.	CA 90808	Amount of Each Receipt this Period 250.00
Name of Employer SO CALIF PERMANENTE	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) SHAWN CARSON	•	Date of Receipt
Mailing Address 6417 PEPPERELL L	.N	03 06 2008
City	State Zip Code	Transaction ID: SA11AI.60860
CINCINNATI	OH 45236	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer ANESTHESIA ASSOCIATES OF CINCINNATI, I Receipt For:	Occupation ANESTHESIOLOGIST	
Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		600.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 113 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may ne name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
AMERICAN SOCIETY OF ANESTHE	ESIOLOGISTS	S POLITICAL ACTION COM	MITTEE .
Full Name (Last, First, Middle Initial) STEVEN CARSON			Date of Receipt
Mailing Address 7781 COLDSTREAM		75.0.4	03 / 31 / 2008
City <u>CINCINNATI</u>	State OH	Zip Code	Transaction ID: SA11AI.61526
FEC ID number of contributing federal political committee.	С	45255	Amount of Each Receipt this Period 250.00
Name of Employer ANES ASSOC CINCINNATI	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) CHRISTINE CARSTENSEN			Date of Receipt
Mailing Address 5429 WESTWOOD (CIRCLE		03 / 12 / 2008
City	State	Zip Code	Transaction ID: SA11Al.61170
WEST DES MOINES FEC ID number of contributing federal political committee.	C	50266	Amount of Each Receipt this Period 500.00
Name of Employer MEDICAL CENTER ANESTHESIO- LOGISTS, PC		ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]
Full Name (Last, First, Middle Initial) KEITH CARTER			Date of Receipt
Mailing Address 2417 E NORTHSIDE	DR		03 / 28 / 2008
City	State	Zip Code	Transaction ID: SA11AI.61443
JACKSON	MS	39211	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		400.00
Name of Employer JACKSON ANES ASSOC	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00]
SUBTOTAL of Receipts This Page (optional)	1		1150.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Κ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19/113 (check only one) X
Any information copied from such Reports at or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTI	HESIOLOGISTS	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) DONN CHAMBERS			Date of Receipt
Mailing Address 3753 TUXEDO RD	NW		03 05 2008
City ATLANTA	State GA	Zip Code 30305	Transaction ID: SA11AI.60811 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer PHYS SPEC IN ANES	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) JOHN CLARK			Date of Receipt
Mailing Address 81 DOLPHIN COV	E QUAY		03 05 7 9 9 9
City STAMFORD	State CT	Zip Code 06902	Transaction ID: SA11Al.60760 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer GREENWICH ANESTH	Occupation	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	'	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) BRITTANY CLYNE			Date of Receipt
Mailing Address 1629 STERLING R	D		0 3 2 8 2 0 0 8
City CHARLOTTE	State NC	Zip Code 28209	Transaction ID: SA11Al.61412 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20200	250.00
Name of Employer SOUTHEAST ANES CONSUL	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
	al)		750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 113 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any portion the name and address of any political committee the sold of the name and address of any political committee the sold of t	ee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) HENRY COLA Mailing Address 16891 MARINA BA	AY DR	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City HUNTINGTON BEACH FEC ID number of contributing	State Zip Code CA 92649 C	Transaction ID: SA11AI.60686 Amount of Each Receipt this Period 250.00
Receipt For: Primary Other (specify)	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) MARK COLLINS Mailing Address 6455 APPLE ORC	HARD LN	Date of Receipt 0 3 0 4 2 0 0 8
City ROCHESTER HILLS	State Zip Code MI 48306	Transaction ID: SA11AI.60667 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer LAKESIDE ANESTH	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) DAVID COLOSIMO Mailing Address 21232 VAN K DR		Date of Receipt 0 3 0 7 2 0 0 8
City GROSSE POINTE WDS	State Zip Code MI 48236	Transaction ID: SA11AI.60927
FEC ID number of contributing federal political committee.	C +0230	Amount of Each Receipt this Period 250.00
Name of Employer ST JOHN ANESTH	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (options	al)	750.00

•	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 21 / 113
	` '		Use separate schedule(s) for each category of the	(check only one)
	ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
_			, ,	13 14 15 16 17
	Any information copied from such Reports and Stor for commercial purposes, other than using the	atements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	AMERICAN SOCIETY OF ANESTHES	IOLOGIST	S POLITICAL ACTION COM	IMITTEE
۸.	Full Name (Last, First, Middle Initial) MICHAEL CONLEY			Date of Receipt
	Mailing Address 3585 N. 440 W.			03 04 2008
	City	State	Zip Code	Transaction ID: SA11AI.60629
	PROVO	UT	84604	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer MOUNTAIN WEST ANESTHESIA	Occupatio ANESTH	n HESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
- 3.	Full Name (Last, First, Middle Initial) CHARLIE COOPER			Date of Receipt
••	Mailing Address 1900 EXETER RD #210	M M / D D / Y Y Y Y		
		03 05 2008		
	City	State	Zip Code	Transaction ID: SA11Al.60838
	GERMANTOWN	TN	38138	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer METRO ANES ALLIANCE	Occupation ANESTH	n HESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		500.00	
- :.	Full Name (Last, First, Middle Initial) JAMES CORMACK			Date of Receipt
	Mailing Address 18 MILLSTONE TER			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.61092
	BEDFORD	NH	03110	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer ACG	Occupatio ANESTH	n HESIOLOGIST	7
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		300.00]
	SUBTOTAL of Receipts This Page (optional)			1300.00
⊢				

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and	Statements may	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 113 (check only one) X 11a 11b 11c 12 13 14 15 16 11 on for the purpose of soliciting contributions
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	ne name and add	dress of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) CHARLES COTE Mailing Address 68 POST ISLAND RO	DAD		Date of Receipt
City	State MA	Zip Code	0 3 2 0 2 0 0 8 Transaction ID: SA11AI.61226
QUINCY FEC ID number of contributing federal political committee.	C	02169	Amount of Each Receipt this Period 500.00
Name of Employer MASSACHUSETTS GENERAL HOS- PITAL Receipt For: Primary General Other (specify)	Occupation PHYSICI. Aggregate]
Full Name (Last, First, Middle Initial) ORLANDO CRUZ Mailing Address 437 YORK ST			Date of Receipt 0 3 0 7 2 0 0 8
City OLEAN FEC ID number of contributing	State NY	Zip Code 14760	Transaction ID: SA11AI.61093 Amount of Each Receipt this Period 250.00
federal political committee. Name of Employer SO TIER ANESTH	Occupation	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) BRANDT CULVER	l		Date of Receipt
Mailing Address 1335 LAKEHILLS DF	₹		03 / 04 / 2008
City EL DORADO HILLS	State CA	Zip Code 95762	Transaction ID: SA11AI.60683 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer FOLSOM ANES MED GRP	Occupation PHYSICI.		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23/113 (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may g the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTI	HESIOLOGISTS	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) WILLIAM CURTIS			Date of Receipt
Mailing Address 8041 32ND AVE N	W		03 06 2008
City SEATTLE	State WA	Zip Code 98117	Transaction ID: SA11AI.60874 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer U OF WASHINGTON	Occupation PHYSICI		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) STEPHEN DAINESI			Date of Receipt
Mailing Address 28 BARRINGTON	DR		0 3 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State NH	Zip Code	Transaction ID: SA11AI.61022
BEDFORD FEC ID number of contributing federal political committee.	C	03110	Amount of Each Receipt this Period 250.00
Name of Employer AMOSKEAG ANESTH	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) DEANNA DALIA			Date of Receipt
Mailing Address 2139 AUBURN AV	E A LEVEL		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City CINCINNATI	State OH	Zip Code 45219	Transaction ID: SA11Al.61541 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10210	250.00
Name of Employer ANES ASSOC CINCINNATI	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (options	al)		750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 24 / 113 (check only one) X 11a 11b 11c 12			
Any information copied from such Reports and	d Statements may	Detailed Summary Page y not be sold or used by any person	n for the purpose of soliciting contributions			
or for commercial purposes, other than using NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH						
Full Name (Last, First, Middle Initial) ROBERT DANIEL			Date of Receipt			
Mailing Address 2260 GUILFORD LA						
City	State	Zip Code	Transaction ID: SA11AI.61255			
LEXINGTON	KY	40513	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		500.00			
Name of Employer BLUEGRASS ANESTHESIA SERV- ICES	Occupation PHYSICI					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]			
Full Name (Last, First, Middle Initial) KENT DAVIS			Date of Receipt			
Mailing Address 13033 W HARVARE	D AVE		03 28 2008			
City	State	Zip Code	Transaction ID: SA11AI.61482			
LAKEWOOD	CO	80228	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		1000.00			
Name of Employer S DENVER ANESTH	Occupation PHYSICI					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00]			
Full Name (Last, First, Middle Initial) P CRAIG DENNEN			Date of Receipt			
Mailing Address 21 ORCHARD LN			03 28 2008			
City SIMSBURY	State CT	Zip Code 06070	Transaction ID: SA11AI.61394 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		300.00			
Name of Employer WOODLAND ANESTH	Occupation ANESTH	n ESIOLOGIST				
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 300.00				
SUBTOTAL of Receipts This Page (optional))	1800.00			

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 113 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
AMERICAN SOCIETY OF ANEST	THESIOLOGISTS POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) MARK DENTZ		Date of Receipt
Mailing Address 1422 WILLOWBR	ROOKE CIRCLE	03 10 YYYY 2008
City	State Zip Code	Transaction ID: SA11AI.61148
FRANKLIN	TN 37069	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer ANESTHESIA MEDICAL GROUP, P.C.	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) JOSEPH DERENZO		Date of Receipt
Mailing Address 6008 RED TAIL LA	ANE	M M / D D / Y Y Y Y Y O N N N N N N N N N N N N N N
City	State Zip Code	Transaction ID: SA11AI.61209
GIBSONIA	PA 15044	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer UNIVERSITY OF PITTSBURGH PHYSICIANS DE	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) WILLIAM DEVORE		Date of Receipt
Mailing Address 363 TWIN OAKS	DR	M M / D D / Y Y Y Y Y O S O S O S O S O S O S O S O
City	State Zip Code	Transaction ID: SA11AI.60786
SPARTANBURG	SC 29306	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer FOOTHILLS ANES CONSUL	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	nal)	1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 113 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	ne name and ad	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) JAMES DIAL Mailing Address P.O. BOX 8305 City GADSDEN FEC ID number of contributing federal political committee. Name of Employer ANESTH ASSOC Receipt For: Primary General Other (specify)		Zip Code 35902 n IESIOLOGIST e Year-to-Date ▼ 500.00	Date of Receipt M M O 7
Full Name (Last, First, Middle Initial) JERRY DIEHR Mailing Address 4111 W AZEELE ST City TAMPA FEC ID number of contributing federal political committee. Name of Employer FLORIDA ANESTH Receipt For: Primary General Other (specify)	_,	Zip Code 33609 In IESIOLOGIST e Year-to-Date ▼ 500.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) JOHN DINGER Mailing Address 6 CEDAR HEIGHTS City DUNCANSVILLE FEC ID number of contributing federal political committee. Name of Employer SPRING COVE MED SV Receipt For: Primary General Other (specify)	State PA C Occupatio PHYSICI		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)			1250.00

	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 27 / 113	
	ITEMIZED RECEIPTS	for each category of the	(check only one)	
• • •	ITEMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12	
Γ	Any information copied from such Reports and State	monte may not be cold or used by any perso	13 14 15 16 17	
	or for commercial purposes, other than using the nar	ne and address of any political committee to	solicit contributions from such committee.	
ľ	NAME OF COMMITTEE (In Full)			
	AMERICAN SOCIETY OF ANESTHESIO	LOGISTS POLITICAL ACTION COMM	MITTEE	
Α.	Full Name (Last, First, Middle Initial) WILLIAM DOMINGUEZ	Date of Receipt		
	Mailing Address 1720 LOUISIANA BLVD#	401	03 05 2008	
	City	State Zip Code	Transaction ID: SA11AI.60798	
	ALBUQUERQUE	NM 87110	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	500.00	
	ANIES ASSOCIOE NIM	Occupation PHYSICIAN		
		Aggregate Year-to-Date ▼		
	Primary General	500.00		
	Other (specify) ▼			
В.	Full Name (Last, First, Middle Initial) STEVEN DONDLINGER		Date of Receipt	
	Mailing Address 14700 28TH AVE N #20		03 28 2008	
	City	State Zip Code	Transaction ID: SA11Al.61441	
	PLYMOUTH	MN 55447	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	250.00	
	MEDICAL ANIES	Occupation ANESTHESIOLOGIST		
		Aggregate Year-to-Date ▼		
	Primary General	250.00		
	Other (specify)			
_	Full Name (Last, First, Middle Initial)		B . (B .)	
C.	JAMES DOYLE Mailing Address 2253 WINDING WOOD L	NI	Date of Receipt	
	Mailing Address 2253 WINDING WOOD L	IN.	03 07 2008	
	City	State Zip Code	Transaction ID: SA11Al.61101	
	<u>CHARLOTTE</u>	NC 28209	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	2000.00	
		Occupation ANESTHESIOLOGIST		
	Receipt For:	Aggregate Year-to-Date ▼		
	Primary General Other (specify) ▼	2000.00		
	Outer (opcony) \	0 0 0 0 0 0 0 0 0		
ſ	1			
	SUBTOTAL of Receipts This Page (optional)	·····	2750.00	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28/113 (check only one) X 11a
Any information copied from such Reports at or for commercial purposes, other than using	nd Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTI			
Full Name (Last, First, Middle Initial) MICHAEL DUAN			Date of Receipt
Mailing Address 98 CHAMPIONS C	LIFF		03 31 2008
City SAN ANTONIO	State TX	Zip Code 78258	Transaction ID: SA11AI.61581 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer STAR ANESTHESIA, P.A.	Occupation PHYSICI		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) M T DUNFEE	L		Date of Receipt
Mailing Address 285 CEDAR LN			03 28 2008
City SPENCER	State IN	Zip Code 47460	Transaction ID: SA11Al.61436 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	77700	250.00
Name of Employer BLOOMINGTON ANESTH	Occupation ANFSTH	n ESIOLOGIST	7
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) RICHARD ELLISON			Date of Receipt
-	Mailing Address 5501 WINCHESTER CT		
City MIDLAND	State MI	Zip Code 48642	Transaction ID: SA11AI.60947 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10072	250.00
Name of Employer MID MICHIGAN ANESTH	Occupation PHYSICI		7
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (options			1500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate s for each catego Detailed Summ	chedule(s) ory of the (check only one)	3E 29 / 113 12 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	name and address of any political	al committee to solicit contributions from such co	tributions mmittee.
Full Name (Last, First, Middle Initial) GREGORY ENDERS Mailing Address 206 WINDLAKE DR City SENECA FEC ID number of contributing federal political committee. Name of Employer ANES CONSULT UPSTATE Receipt For: Primary General Other (specify)	State Zip Code SC 29672 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date	Date of Receipt M M M / D D D / Y Transaction ID: SA11AL. Amount of Each Receipt th	
Full Name (Last, First, Middle Initial) CARLOS ESTRADA Mailing Address 300 AVE LA SIERRA APT 110 City SAN JUAN FEC ID number of contributing federal political committee. Name of Employer HIMA SAN PABLO GROUP Receipt For: Primary General Other (specify)	State Zip Code PR 00926 C Occupation PEDIATRIC ANESTHES Aggregate Year-to-Date	Transaction ID: SA11AI. Amount of Each Receipt th	
Full Name (Last, First, Middle Initial) GEORGE FANT Mailing Address P.O. BOX 8305 City GADSDEN FEC ID number of contributing federal political committee. Name of Employer ANESTH ASSOC Receipt For: Primary General Other (specify)	State Zip Code AL 35902 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date	Date of Receipt M M M / D D D / Y Transaction ID: SA11AI. Amount of Each Receipt th	
SUBTOTAL of Receipts This Page (optional)			1250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Χ)	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	HESIOLOGISTS	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) DANIEL FERRY			Date of Receipt
Mailing Address 8424 E AMETHYS	ΓLN		03 07 2008
City TUCSON	State AZ	Zip Code 85750	Transaction ID: SA11AI.61040 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	65750	1000.00
Name of Employer UNIV OF ARIZONA	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) JOSE FIGUEROA			Date of Receipt
Mailing Address 800 E CARPENTER	R ST		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City SPRINGFIELD	State IL	Zip Code 62769	Transaction ID: SA11AI.61008
FEC ID number of contributing federal political committee.	C	02709	Amount of Each Receipt this Period 500.00
Name of Employer SANGAMON ASSOC ANES	Occupation	n ESIOLOGIST	7
Receipt For: Primary General Other (specify) ▼	'	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) JUAN FIRNHABER			Date of Receipt
Mailing Address UAMS 4301 W. MARKHAN	M ST. SLOT 51	5	0 3 1 8 2 0 0 8
City LITTLE ROCK	State AR	Zip Code 72205	Transaction ID: SA11AI.61218 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	7 2230	500.00
Name of Employer UAMS	Occupation FACULT		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	.0		2000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 113 (check only one) X
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANEST!	the name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) GARY FISCHER Mailing Address 2012 LAKE AIR #E	:		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City WACO FEC ID number of contributing federal political committee.	State TX	Zip Code 76710	Transaction ID: SA11AI.61481 Amount of Each Receipt this Period 250.00
Name of Employer SELF-EMPLOYED Receipt For: Primary General Other (specify) ▼	- ' '	ESIOLOGIST • Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) BRIAN FLANAGAN Mailing Address 1960 NE 47TH ST	FL 2		Date of Receipt 0 3 3 1 2 0 0 8
City FT LAUDERDALE FEC ID number of contributing	State FL	Zip Code 33308	Transaction ID: SA11AI.61551 Amount of Each Receipt this Period 250.00
Receipt For: Primary Other (specify)	Occupation ANESTH	ESIOLOGIST Year-to-Date 250.00	1
Full Name (Last, First, Middle Initial) BRANDT FOREMAN Mailing Address 1875 S BASCOM A			
City CAMPBELL	State CA	Zip Code 95008	Transaction ID: SA11AI.61569 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer COAST ANESTH Receipt For:		n ESIOLOGIST • Year-to-Date ▼	
Primary General Other (specify) ▼	35.334.6	250.00	
SUBTOTAL of Receipts This Page (optional	al)		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 113 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	Statements may not be sold or used by any perse e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) ORVILLE R MD FOSTER Mailing Address 3557 CAPPIO DR City MELBOURNE FEC ID number of contributing federal political committee. Name of Employer CENTRAL BREVARD ANESTHESI- OLOGISTS Receipt For: Primary General Other (specify)	State Zip Code FL 32940 C Occupation PHYSICIAN Aggregate Year-to-Date 250.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) MARK FRANKEL Mailing Address 3700 BLACK CANYO City FT WORTH FEC ID number of contributing federal political committee. Name of Employer NORTH STAR ANESTH Receipt For: Primary General Other (specify)	N RD State Zip Code TX 76109 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M D D D 28 2008 Transaction ID: SA11Al.61387 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) HOWARD FRIEDMAN Mailing Address P.O. BOX 8305 City GADSDEN FEC ID number of contributing federal political committee. Name of Employer ANESTH ASSOC Receipt For: Primary General Other (specify)	State Zip Code AL 35902 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 500.00	Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .	· 	1000.00

SCHEDULE A (FEC Form 3: ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a	
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions	
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANEST				
Full Name (Last, First, Middle Initial) DON FROST			Date of Receipt	
Mailing Address 553 SILVERWOOI	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City	State	Zip Code	Transaction ID: SA11Al.61259	
NORTH LITTLE ROCK FEC ID number of contributing federal political committee.	AR C	72116	Amount of Each Receipt this Period 250.00	
Name of Employer SELF-EMPLOYED	Occupation PHYSICI		_	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial)			Date of Receipt	
Mailing Address 134 ALBANY ST			0 3 0 4 2 0 0 8	
City SAN ANTONIO	State TX	Zip Code 78209	Transaction ID: SA11AI.60714	
FEC ID number of contributing federal political committee.	C	70203	Amount of Each Receipt this Period 250.00	
Name of Employer SPECTRUM HEALTH	Occupation PHYSICI			
Receipt For: Primary General Other (specify) ▼	- '	Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) SUSAN GALADA			Date of Receipt	
	Mailing Address 981 CHESAPEAKE DR			
City HAVRE DE GRACE	State MD	Zip Code 21078	0 3 0 7 2 0 0 8 Transaction ID: SA11AI.61013	
FEC ID number of contributing federal political committee.	C	21076	Amount of Each Receipt this Period 250.00	
Name of Employer NO CHESAPEAKE ANESTH	Occupation ANESTH	n ESIOLOGIST		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00		
SUBTOTAL of Receipts This Page (option			750.00	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS Any information copied from such Reports a	for each category of the Detailed Summary Page and Statements may not be sold or used by any perso	FOR LINE NUMBER: PAGE 34 / 113 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	g the name and address of any political committee to HESIOLOGISTS POLITICAL ACTION COMM	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) MARC GATTIKER Mailing Address 5939 S MOLINE W	VAY	Date of Receipt
City	State Zip Code	0 3 2 8 2 0 0 8 Transaction ID: SA11AI.61423
ENGLEWOOD	CO 80111	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer S DENVER ANESTH	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) BRAD GAWEY		Date of Receipt
Mailing Address 611 NW 15TH		03 14 2008
City	State Zip Code	Transaction ID: SA11Al.61192
OKLAHOMA CITY	OK 73103	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer SELF	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) JENELLE GERMANY		Date of Receipt
Mailing Address 2009 THAMES TR		03 / 27 / 2008
City COLLEYVILLE	State Zip Code TX 76034	Transaction ID: SA11AI.61312 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer METROPOLITAN ANESTHESIA CONSULTANTS	Occupation ANESTHESIOLOGIST	7
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	al)	1000.00

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	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 35 / 113
	TEMIZED RECEIPTS		for each category of the	(check only one)
	IT LIVIIZED TILCEIF 13		Detailed Summary Page	X 11a 11b 11c 12
Г				13 14 15 16 17
	Any information copied from such Reports and Sta or for commercial purposes, other than using the n	tements ma ame and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	AMERICAN SOCIETY OF ANESTHESI	OLOGIST	S POLITICAL ACTION COM	MITTEE
Α.	Full Name (Last, First, Middle Initial) JONATHAN GERSON	Date of Receipt		
	Mailing Address 104 HETHERINGTON L	03 03 2008		
	City	State	Zip Code	Transaction ID: SA11AI.60610
	CINCINNATI	OH	45246	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer	Occupation	on	-
	Name of Employer AANWD	PHYSIC		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General		1000.00	
	Other (specify)		1000.00	
- В.	Full Name (Last, First, Middle Initial) KAREN GIARRUSSO			Date of Receipt
	Mailing Address 1170 BUENA VISTA DR	M M / D D / Y Y Y Y		
	C:4.	03 05 2008		
	City GREENSBORO	State GA	Zip Code 30642	Transaction ID: SA11AI.60725
	•	GA	30042	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer GWINNETT ANES SERV	Occupation PHYSIC		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General	· · ·	250.00	
	Other (specify) ▼		200.00	
С.	Full Name (Last, First, Middle Initial) TIMOTHY GILBERT			Date of Receipt
	Mailing Address ANESTHESIOLOGY, UI ROOM S11-C10; 22 S 0	03 14 2008		
	City	State	Zip Code	Transaction ID: SA11AI.61194
	BALTIMORE	MD	21201	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer STATE OF MD	Occupation PHYSIC		
	Receipt For:	Aggregate	e Year-to-Date ▼	7
	Primary General		250.00	
	Other (specify)		250.00	
Γ	<u>_</u>			
	SUBTOTAL of Receipts This Page (optional)			1500.00
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SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS And information copied from such Penerts of	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 113 (check only one) X
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any perso g the name and address of any political committee to	solicit contributions from such committee.
AMERICAN SOCIETY OF ANEST	HESIOLOGISTS POLITICAL ACTION COMI	MITTEE
Full Name (Last, First, Middle Initial) TOM GIONET		Date of Receipt
Mailing Address 6042 E SHANGRI-	LA RD	03 07 2008
City	State Zip Code	Transaction ID: SA11AI.61036
SCOTTSDALE	AZ 85254	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer DESERT MTN CONSULT	Occupation PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) JOHN GOBER		Date of Receipt
Mailing Address 1202 SAND TRAP	СТ	03 28 2008
City	State Zip Code	Transaction ID: SA11Al.61337
CHESAPEAKE	VA 23320	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer CHESAPEAKE ANESTH	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) LAWRENCE GOLDSTEIN		Date of Receipt
Mailing Address 5299 GARNABY LI	N	03 / 05 / Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.60745
NORCROSS	GA 30092	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer GWINNETT ANES SERV	Occupation ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SURTOTAL of Penninte This Page (antice)	al)	750.00
CODITAL OF RECEIPES THIS Fage (Options	Al)	

SCHEDULE A (FE ITEMIZED RECEIP	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 113 (check only one) X 11a 11b 11c 12 13 14 15 16 1
or for commercial purposes, NAME OF COMMITTEE	other than using the name and a (In Full)	ay not be sold or used by any pers ddress of any political committee to FS POLITICAL ACTION COM	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Mi		TO FOLITIOAL ACTION CON	
MARIA GOMEZ	. DESERT PARK LANE		Date of Receipt
City	State	Zip Code	0 3 2 2 2 0 0 8 Transaction ID: SA11Al.61246
PHOENIX FEC ID number of contrib federal political committee		85020	Amount of Each Receipt this Period 250.00
Name of Employer VALLEY ANESTHESIOL SULTANTS, LTD Receipt For: Primary Other (specify) ▼	1111010		
Full Name (Last, First, Mine VELYN GONZALEZ-ABON Mailing Address 410 V	_A		Date of Receipt
City	State	Zip Code	0 3 0 7 2 0 0 8 Transaction ID: SA11AI.60941
JEFFERSON HILLS FEC ID number of contrib federal political committee		15025	Amount of Each Receipt this Period 250.00
Name of Employer UNIV OF PITTS PHYS	Occupati ANFST	on HESIOLOGIST	
Receipt For: Primary Other (specify) ▼		te Year-to-Date ▼ 250.00	
Full Name (Last, First, Mid LEON GRAHAM	ddle Initial)		Date of Receipt
	RIARWOOD RD		03 05 2008
City MERIDIAN	State MS	Zip Code 39305	Transaction ID: SA11AI.60727 Amount of Each Receipt this Period
FEC ID number of contrib federal political committee			250.00
Name of Employer RUSH HEALTH SYS	Occupati ANEST	on HESIOLOGIST	
Receipt For: Primary G Other (specify) ▼	Aggrega eneral	te Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts Th	is Page (optional)		750.00

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В.

C.

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 38 / 113
ITEMIZED RECEIPTS		for each category of the	(check only one)
TI EMILED REGEN TO		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any information copied from such Reports and St.	atements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		DOLUTION ACTION COM	AUTTEE
AMERICAN SOCIETY OF ANESTHES	OLOGISTS	S POLITICAL ACTION COM	VIIIEE
Full Name (Last, First, Middle Initial) PAUL GREAVES			Date of Receipt
Mailing Address 1165 LINNWOOD DR	NE		M M / D D / Y Y Y Y
0::	0	7 : 0 1	03 05 2008
City ALBANY	State OR	Zip Code 97322	Transaction ID: SA11AI.60785 Amount of Each Receipt this Period
		JIGEE	
FEC ID number of contributing federal political committee.	C		501.00
Name of Employer ALBANY ANESTH	Occupation PHYSICI		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General		501.00	
☐ Other (specify) ▼	0 0	001.00	
Full Name (Last, First, Middle Initial) JOEL GREENSPAN			Date of Receipt
Mailing Address 6 OAK RIDGE CT			03 07 7 2008
City	State	Zip Code	Transaction ID: SA11AI.60971
ARMONK	NY	10504	Amount of Each Receipt this Period
FEC ID number of contributing			
federal political committee.	C		500.00
Name of Employer SELF-EMPLOYED	Occupation		7
	ANESTH	ESIOLOGIST	
Receipt For:			
	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Primary General Other (specify) ▼	Aggregate		
Primary General	Aggregate		Date of Receipt
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Aggregate		M M / D D / Y Y Y Y
Primary General Other (specify) Full Name (Last, First, Middle Initial) RICHARD GREGG	Aggregate		M M / D D / Y Y Y Y
Primary General Other (specify) Full Name (Last, First, Middle Initial) RICHARD GREGG Mailing Address 9580 LINFIELD DR		500.00	03 / 31 / 2008
Primary General Other (specify) Full Name (Last, First, Middle Initial) RICHARD GREGG Mailing Address 9580 LINFIELD DR City	State	500.00 Zip Code	0 3 3 1 2 0 0 8 Transaction ID: SA11Al.61539
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) RICHARD GREGG Mailing Address 9580 LINFIELD DR City CINCINNATI FEC ID number of contributing	State OH C	Zip Code 45242	Transaction ID: SA11AI.61539 Amount of Each Receipt this Period
Primary General Other (specify) Full Name (Last, First, Middle Initial) RICHARD GREGG Mailing Address 9580 LINFIELD DR City CINCINNATI FEC ID number of contributing federal political committee. Name of Employer CHRIST HOSPITAL Receipt For:	State OH C Occupation ANESTH	Zip Code 45242	Transaction ID: SA11AI.61539 Amount of Each Receipt this Period
Primary General Other (specify) Full Name (Last, First, Middle Initial) RICHARD GREGG Mailing Address 9580 LINFIELD DR City CINCINNATI FEC ID number of contributing federal political committee. Name of Employer CHRIST HOSPITAL Receipt For: Primary General	State OH C Occupation ANESTH	Zip Code 45242 SESIOLOGIST Year-to-Date	Transaction ID: SA11AI.61539 Amount of Each Receipt this Period
Primary General Other (specify) Full Name (Last, First, Middle Initial) RICHARD GREGG Mailing Address 9580 LINFIELD DR City CINCINNATI FEC ID number of contributing federal political committee. Name of Employer CHRIST HOSPITAL Receipt For:	State OH C Occupation ANESTH	Zip Code 45242	Transaction ID: SA11AI.61539 Amount of Each Receipt this Period
Primary General Other (specify) Full Name (Last, First, Middle Initial) RICHARD GREGG Mailing Address 9580 LINFIELD DR City CINCINNATI FEC ID number of contributing federal political committee. Name of Employer CHRIST HOSPITAL Receipt For: Primary General	State OH C Occupation ANESTH	Zip Code 45242 SESIOLOGIST Year-to-Date	Transaction ID: SA11AI.61539 Amount of Each Receipt this Period

Any information copied from such Reports and Statements may not be sold or used by any person for the or for commercial purposes, other than using the name and address of any political committee to solicit commercial purposes, other than using the name and address of any political committee to solicit commercial purposes, other than using the name and address of any political committee to solicit commercial purposes, other than using the name and address of any political committee to solicit committee. NAME OF COMMITTEE A. FILL NAME (Last, First, Middle Initial) FRANCISCO GRINBERG Mailing Address 149 EDSON HILL RD #6 City State Zip Code Trate Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) STEVEN GROSS Mailing Address P.O. BOX 8305 City State Zip Code GADSDEN FEC ID number of contributing federal political committee. City State Zip Code AL 35902 FEC ID number of contributing federal political committee. City Ganson FEC ID number of contributing federal political committee. City General Other (specify) ▼ Full Name (Last, First, Middle Initial) NESON GUEVARA Mailing Address 1416 ALGERIA AVE City State Zip Code Tratal Expression of the polyce and t	LINE NUMBER: PAGE 39 / 113 (conly one) 11a
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) FRANCISCO GRINBERG Mailing Address 149 EDSON HILL RD #6 City State Zip Code VT 05672 FEC ID number of contributing federal political committee. Name of Employer Primary General Other (specify) ▼ City State Zip Code American Anticologist Receipt For: Primary General Other (specify) ▼ City State Zip Code AL 35902 FEC ID number of contributing federal political committee. City State Zip Code AL 35902 FEC ID number of contributing federal political committee. City State Zip Code ANESTHESIOLOGIST Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) STEVEN GROSS ANESTHESIOLOGIST Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) SECONDO OTHER STATES (State Zip Code CORAL GABLES FL 33134 FEC ID number of contributing federal political committee. City State Zip Code CORAL GABLES FL 33134 FEC ID number of contributing federal political committee. Name of Employer SHERIDAN HEALTHCARE NAMESTHESIOLOGIST Receipt For: Primary General AmesTHESIOLOGIST AmesTHESIOLOG	purpose of soliciting contributions
Mailing Address 149 EDSON HILL RD #6 City State Zip Code VT 05672 FEC ID number of contributing federal political committee. Name of Employer FLETCHER ALLEN HLTH AND STEVEN GROSS Mailing Address P.O. BOX 8305 City State Zip Code AL 35902 FUI Name (Last, First, Middle Initial) STEVEN GROSS Mailing Address P.O. BOX 8305 City State Zip Code AL 35902 FEC ID number of contributing federal political committee. Name of Employer ANESTH ASSOC Receipt For: Primary General Occupation ANESTHESIOLOGIST And 35902 And 35902 FEC ID number of contributing federal political committee. Name of Employer ANESTH ASSOC Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) NELSON GUEVARA Mailing Address 1416 ALGERIA AVE City State Zip Code Trate Total Transport	<u>:</u>
City State Zip Code VT 05672 FEC ID number of contributing federal political committee. Name of Employer FLETCHER ALLEN HLTH Receipt For: Primary General Other (specify) ▼ 250.00 Full Name (Last, First, Middle Initial) STEVEN GROSS Mailing Address P.O. BOX 8305 City State Zip Code AL 35902 FEC ID number of contributing federal political committee. Name of Employer ANESTH ASSOC Receipt For: Primary General Other (specify) ▼ 500.00 Full Name (Last, First, Middle Initial) STEVEN GROSS Name of Employer ANESTH ASSOC Receipt For: Primary General Other (specify) ▼ 500.00 FULL Name (Last, First, Middle Initial) NELSON GUEVARA Mailing Address 1416 ALGERIA AVE City State Zip Code Trate Aggregate Year-to-Date ▼ City State Zip Code FL 33134 FEC ID number of contributing federal political committee. City State Zip Code CORAL GABLES FL 33134 FEC ID number of contributing federal political committee. Name of Employer State Are State	tte of Receipt
State Sta	Insaction ID: SA11AI.60737 Inount of Each Receipt this Period
Receipt For:	250.00
Primary General Other (specify) ▼	
Mailing Address P.O. BOX 8305 City State Zip Code AL 35902 FEC ID number of contributing federal political committee. Name of Employer ANESTH ASSOC ANESTHESIOLOGIST Receipt For: Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) NELSON GUEVARA Mailing Address 1416 ALGERIA AVE City State Zip Code Trae Cocupation ANESTHESIOLOGIST Full Name (Last, First, Middle Initial) State Today Code City State Tip Code Trae CORAL GABLES FL 33134 FEC ID number of contributing federal political committee. Name of Employer SHERIDAN HEALTHCARE Aggregate Year-to-Date ▼ Occupation ANESTHESIOLOGIST Receipt For: Aggregate Year-to-Date ▼	
City State Zip Code AL 35902 FEC ID number of contributing federal political committee. Name of Employer ANESTH ASSOC Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) NELSON GUEVARA Mailing Address 1416 ALGERIA AVE City State Zip Code Trace CORAL GABLES FL 33134 FEC ID number of contributing federal political committee. Name of Employer SHERIDAN HEALTHCARE Name of Employer SHERIDAN HEALTHCARE Receipt For: Primary General Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼	te of Receipt
GADSDEN AL 35902 Am FEC ID number of contributing federal political committee. Name of Employer ANESTH ASSOC Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) NELSON GUEVARA Mailing Address 1416 ALGERIA AVE City State Zip Code CORAL GABLES FL 33134 FEC ID number of contributing federal political committee. Name of Employer SHERIDAN HEALTHCARE Name of Employer SHERIDAN HEALTHCARE Receipt For: Primary General Am Am Am Aggregate Year-to-Date ▼ Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼	3 07 2008
FEC ID number of contributing federal political committee. Name of Employer ANESTH ASSOC Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) NELSON GUEVARA Mailing Address 1416 ALGERIA AVE City State Zip Code Trace CORAL GABLES FL 33134 FEC ID number of contributing federal political committee. Name of Employer SHERIDAN HEALTHCARE Name of Employer SHERIDAN HEALTHCARE Receipt For: Primary General C CCCUpation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼	nsaction ID: SA11Al.61060
Receipt For: Primary General Other (specify) Other (spec	nount of Each Receipt this Period 500.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) NELSON GUEVARA Mailing Address 1416 ALGERIA AVE City State Zip Code CORAL GABLES FL 33134 FEC ID number of contributing federal political committee. Name of Employer SHERIDAN HEALTHCARE Name of Employer SHERIDAN HEALTHCARE Receipt For: Primary General S00.00	
NELSON GUEVARA Mailing Address 1416 ALGERIA AVE City State Zip Code CORAL GABLES FL 33134 FEC ID number of contributing federal political committee. Name of Employer SHERIDAN HEALTHCARE Receipt For: Primary General Da Mo Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼	
City State Zip Code Tra CORAL GABLES FL 33134 FEC ID number of contributing federal political committee. Name of Employer SHERIDAN HEALTHCARE Receipt For: Primary General Occupation ANESTHESIOLOGIST Aggregate Year-to-Date	te of Receipt
CORAL GABLES FL 33134 Am FEC ID number of contributing federal political committee. Name of Employer SHERIDAN HEALTHCARE Receipt For: Primary General Am Occupation ANESTHESIOLOGIST Aggregate Year-to-Date F00.00	28 2008
FEC ID number of contributing federal political committee. Name of Employer SHERIDAN HEALTHCARE Receipt For: Primary General C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date	nsaction ID: SA11Al.61494 nount of Each Receipt this Period
Receipt For: Primary General ANNEST HESTOLOGIST Aggregate Year-to-Date ▼	500.00
Primary General 500.00	
cata (openi) V	
SUBTOTAL of Receipts This Page (optional)	1250.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 113 (check only one) X 11a 11b 11c 12 13 14 15 16 17		
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	ly not be sold or used by any persidress of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.		
	AMERICAN SOCIETY OF ANESTHE	AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMI				
Α.	Full Name (Last, First, Middle Initial) GARY GUGLIELMINO Mailing Address 8905 SW NIMBUS #3	00		Date of Receipt 0 3 0 5 2 0 0 8		
	City	State	Zip Code	Transaction ID: SA11AI.60808		
	BEAVERTON	OR	97008	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		250.00		
	Name of Employer MED ANES CONSUL MED	Occupation PHYSIC				
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00			
- В.	Full Name (Last, First, Middle Initial) THOMAS GUHL			Date of Receipt		
	Mailing Address 20935 W WINDSOR	03 07 2008				
	City State		Zip Code	Transaction ID: SA11AI.60970		
	NEW BERLIN	WI	53145	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer SELF-EMPLOYED	Occupation PHYSIC				
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00			
-).	Full Name (Last, First, Middle Initial) THOMAS GUNNING			Date of Receipt		
	Mailing Address 6855 LAKESHORE D	R		03 31 7 2008		
	City DALLAS	State TX	Zip Code 75214	Transaction ID: SA11AI.61558 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer NORTHSTAR ANESTH	Occupation ANESTH	on HESIOLOGIST			
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00			
	SUBTOTAL of Receipts This Page (optional)	1		750.00		
f	TOTAL This Period (last page this line number					

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 113 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANEST	g the name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) COOPER HAGERTY Mailing Address 936 LAKE COLON	Y RUN		Date of Receipt 0 3 3 1 2 0 0 8
City BIRMINGHAM FEC ID number of contributing	State AL	Zip Code 35242	Transaction ID: SA11AI.61546 Amount of Each Receipt this Period 500.00
Receipt For: Primary Other (specify)	Occupation ANESTH	ESIOLOGIST Year-to-Date 500.00]
Full Name (Last, First, Middle Initial) KEVIN HAMPEL Mailing Address 1000 E PRIMROSI	Date of Receipt 0 3 0 6 2 0 0 8		
City SPRINGFIELD FEC ID number of contributing federal political committee.	State MO	Zip Code 65807	Transaction ID: SA11AI.60890 Amount of Each Receipt this Period 250.00
Name of Employer OZARK ANES ASSOC Receipt For: Primary General Other (specify) ▼	Occupation ANESTH	ESIOLOGIST Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) PHILIP HANLON Mailing Address P.O. BOX 8365	I		Date of Receipt
City MOBILE FEC ID number of contributing federal political committee.	State AL	Zip Code 36689	Transaction ID: SA11AI.60836 Amount of Each Receipt this Period 500.00
Name of Employer PRH Receipt For: Primary General Other (specify) ▼	Occupation PHYSICI Aggregate		
SUBTOTAL of Receipts This Page (options	al)	······	1250.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 113 (check only one) X 11a		
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.		
	` '	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMI				
Α.	Full Name (Last, First, Middle Initial) RUSSELL HARRIS Mailing Address 500 S UNIVERSITY A	VE #505		Date of Receipt		
	0			03 28 2008		
	City LITTLE ROCK	State AR	Zip Code 72205	Transaction ID: SA11AI.61327		
	FEC ID number of contributing federal political committee.	C	72203	Amount of Each Receipt this Period 500.00		
	Name of Employer LITTLE ROCK ANES SER	Occupation PHYSIC				
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00			
В.	Full Name (Last, First, Middle Initial) WILLIAM HARRIS			Date of Receipt		
	Mailing Address 3120 LEGACY TRCE			03 03 2008		
	City	State	Zip Code	Transaction ID: SA11AI.60619		
	CINCINNATI	OH	45237	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		250.00		
	Name of Employer ANESTH GRP PRAC		HESIOLOGIST			
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00			
с.	Full Name (Last, First, Middle Initial) WILLIAM HASS			Date of Receipt		
	Mailing Address 1 HOSPITAL DR SW			03 / 07 / 2008		
	City	State	Zip Code	Transaction ID: SA11AI.60996		
	HUNTSVILLE	AL	35801	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer SELF-EMPLOYED	Occupation PHYSIC				
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00			
	SUBTOTAL of Receipts This Page (optional)			1000.00		
ļ	TOTAL This Period (last page this line number	only)				

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 113 (check only one) X 11a 11b 11c 12 13 14 15 16 11
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any per the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) MARTIN HAYES Mailing Address P.O. BOX 8305 City GADSDEN FEC ID number of contributing federal political committee. Name of Employer ANESTH ASSOC Receipt For: Primary General Other (specify)	State Zip Code AL 35902 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 500.00	Date of Receipt 0 3 0 7 2 0 0 8 Transaction ID: SA11AI.61059 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) CONG HE Mailing Address 36 BLUEBIRD HILL City MANHASSET FEC ID number of contributing federal political committee. Name of Employer SELF-EMPLOYED Receipt For: Primary General Other (specify)	CT State Zip Code NY 11030 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 250.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) MICHAEL HENSIEN Mailing Address 11736 NORTH BRID City MEQUON FEC ID number of contributing federal political committee. Name of Employer SUMMIT ANESTHESIOLOGY Receipt For: Primary General Other (specify)	State Zip Code WI 53092 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 250.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional	,	1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 113 (check only one) X
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANEST!	g the name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) BRADLEY HINDMAN Mailing Address 26 RITA LYN CT			Date of Receipt 0 3 0 5 2 0 0 8
City IOWA CITY FEC ID number of contributing	State IA	Zip Code 52245	Transaction ID: SA11AI.60849 Amount of Each Receipt this Period 500.00
Receipt For: Primary Other (specify)	Occupation ANESTH	ESIOLOGIST Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) ROBERT HODSON Mailing Address 217 COUNTRY CLUB PK #113			Date of Receipt 0 3 2 8 2 0 0 8
City BIRMINGHAM FEC ID number of contributing	State AL	Zip Code 35213	Transaction ID: SA11AI.61395 Amount of Each Receipt this Period
federal political committee. Name of Employer ARM Receipt For: Primary General		ESIOLOGIST Year-to-Date ▼	500.00
Other (specify) ▼ Full Name (Last, First, Middle Initial) STUART HOHM Mailing Address 800 E CARPENTE	RST	500.00	Date of Receipt
City SPRINGFIELD	State IL	Zip Code 62769	Transaction ID: SA11AI.61006 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer SANGAMON ASSOC ANES Receipt For:		n ESIOLOGIST Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate	500.00]
SUBTOTAL of Receipts This Page (optional	al)		1500.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 113 (check only one) X
Ar	ny information copied from such Reports and for commercial purposes, other than using the	Statements mage name and add	y not be sold or used by any perso dress of any political committee to	
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	SIOLOGISTS	S POLITICAL ACTION COM	MITTEE
	Full Name (Last, First, Middle Initial) STEPHEN HOUSER			Date of Receipt
	Mailing Address 1503 CHURCHILL DO	OWNS DR State	Zip Code	03 02 2008
	WAXHAW	NC	28173	Transaction ID: SA11AI.60599 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer SOUTHEAST ANESTHESIOLOGY CONSULTANTS	Occupatio ANESTH	n IESIOLOGST	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) STEPHEN HOWELL			Date of Receipt
	Mailing Address P.O. BOX 9134		03 04 2008	
	City	State WV	Zip Code	Transaction ID: SA11Al.60715
	MORGANTOWN		26506	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer W VIRGINIA UNIV SCHL	Occupatio PROFES		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify) ▼		500.00	
	Full Name (Last, First, Middle Initial) KENT HULTQUIST			Date of Receipt
	Mailing Address 13738 HAMILTON S	Γ		03 05 2008
	City	State	Zip Code	Transaction ID: SA11AI.60823
	OMAHA	NE	68154	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer ANESTHESIA WEST	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	UBTOTAL of Receipts This Page (optional)			1000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS Any information copied from such Reports an	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 113 (check only one) X
NAME OF COMMITTEE (In Full)	the name and address of any political committee to	
Full Name (Last, First, Middle Initial) RYAN HULVER Mailing Address 1115 E. 38TH ST.		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City TULSA	State Zip Code OK 74105	Transaction ID: SA11AI.61299 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer HILLCREST MEDICAL CENTER Receipt For: Primary General	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date	
Other (specify) ▼ Full Name (Last, First, Middle Initial)	500.00	
B. CHRISTINE HUNTER Mailing Address 125 PATERSON ST	Г #3100	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City NEW BRUNSWICK	State Zip Code NJ 08901	Transaction ID: SA11AI.60814 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer UMDNJ	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) C. SHALE IMESON		Date of Receipt
Mailing Address 6094 HUNTINGDAI		03 / 07 / 2008
City STOCKTON	State Zip Code CA 95219	Transaction ID: SA11AI.61086 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer STOCKTON ANES MED	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	l) .	1250.00

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В.

C.

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SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 47 / 113
ITEMIZED RECEIPTS	for each category of the	(Crieck only one)
TI LIMIZED TIEGEN 10	Detailed Summary Page	X 11a 11b 11c 12
A selection and all the selections and	Olatera and a second by a selection of the second by	13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the	statements may not be sold or used by any per name and address of any political committees.	erson for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
AMERICAN SOCIETY OF ANESTHE	SIOLOGISTS POLITICAL ACTION CO	OMMITTEE
Full Name (Last, First, Middle Initial) ROBERT JACOB		Date of Receipt
Mailing Address 7415 BAYSWATER [DR	03 31 2008
City	State Zip Code	Transaction ID: SA11AI.61528
CINCINNATI	OH 45255	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer ANES ASSOC CINCINNATI	Occupation ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	250.00	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) WAYNE JACOBSEN		Date of Receipt
Mailing Address 1501 N CAMPBELL A	AVF #245114	M M / D D / Y Y Y Y
		03 07 2008
City	State Zip Code	Transaction ID: SA11AI.60981
TUCSON	AZ 85724	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer UNIV OF ARIZONA	Occupation ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	250.00	•
Other (specify)	230.00	
Full Name (Last, First, Middle Initial)		Data of Descript
PAUL JAKLITSCH Mailing Address 4499 QUAIL RIDGE	OT NE	Date of Receipt
Mailing Address 4499 QUAIL RIDGE	OT NE	03 05 2008
City	State Zip Code	Transaction ID: SA11AI.60831
ADA	MI 49301	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Name of Employer ANES MED CONSULT	ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		-
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	1	750.00

TOTAL This Period (last page this line number only)

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I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and St.	atements may	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any person	FOR LINE NUMBER: PAGE 48 / 113 (check only one) X 11a 11b 11c 12 13 14 15 16 17 In for the purpose of soliciting contributions
\ 	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES Full Name (Last, First, Middle Initial)			
A.				Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	City VIRGINIA BEACH FEC ID number of contributing federal political committee.	State VA	Zip Code 23454	Transaction ID: SA11AI.61314 Amount of Each Receipt this Period 250.00
	Name of Employer SUFFOLK ANESTHESIA ASSOCI- ATES Receipt For: Primary General Other (specify) ▼		n IESIOLOGIST • Year-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial) JAMES JANSZEN Mailing Address 3170 GOLDEN AVE City CINCINNATI FEC ID number of contributing federal political committee. Name of Employer ANES ASSOC CINCINNATI Receipt For: Primary General	_	Zip Code 45226 n IESIOLOGIST e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
_ C.	Other (specify) Full Name (Last, First, Middle Initial) RANDALL JOE Mailing Address 14 DIANTHUS DR City ASHEVILLE	State NC	Zip Code 28803	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	FEC ID number of contributing federal political committee. Name of Employer ASHEVILLE ANES ASSOC Receipt For: Primary General Other (specify)		n ESIOLOGIST e Year-to-Date 250.00	250.00
Γ	SUBTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 113 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personal committee to a name and address of any political committee to	
	SIOLOGISTS POLITICAL ACTION COM	IMITTEE
Full Name (Last, First, Middle Initial) BRAD JOHNSON Mailing Address 303 W SPRING MEAI	DOWS I N	Date of Receipt
City	State Zip Code	0 3 2 8 2 0 0 8 Transaction ID: SA11Al.61449
DEWITT FEC ID number of contributing federal political committee.	MI 48820	Amount of Each Receipt this Period 250.00
Name of Employer LANSING ANESTH	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) JOEL JOHNSON		Date of Receipt
Mailing Address 6911 VAN DORN #2		03 / 05 / 2008
City	State Zip Code NE 68506	Transaction ID: SA11AI.60840
LINCOLN FEC ID number of contributing federal political committee.	NE 68506	Amount of Each Receipt this Period 300.00
Name of Employer AAPC	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) PAUL JOHNSON		Date of Receipt
Mailing Address 245 N RUTH ST		03 / 05 / 4 4 4 4 4
City	State Zip Code	Transaction ID: SA11AI.60796
ST PAUL FEC ID number of contributing federal political committee.	MN 55119	Amount of Each Receipt this Period 250.00
Name of Employer ASSOC ANESTH	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		800.00
TOTAL This Period (last page this line number	·	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) ESWARA KAKARALA Mailing Address 800 E CARPENTER ST City State Zip Code IL 62769 Transaction ID: SA11AI.61012 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer SANGAMON ASSOC ANES ASSOCIATES Mailing Address 3021 LADY MARIAN LANE City State Zip Code VA 23113 Date of Receipt Transaction ID: SA11AI.61301 Amount of Each Receipt this Period Transaction ID: SA11AI.61301 Amount of Each Receipt this Period Transaction ID: SA11AI.61301 Amount of Each Receipt this Period City State Zip Code VA 23113 Date of Receipt Transaction ID: SA11AI.61301 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C 500.00 FULL Name (Last, First, Middle Initial) FEC ID number of contributing federal political committee. C 500.00 Full Name (Last, First, Middle Initial) FEC ID number of contributing federal political committee. C 500.00					_
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for for commercial purposes, other than using the name and address of any political committee to solicit committee. NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) ESWARA KAKARALA Mailing Address 800 E CARPENTER ST City State Zip Code SPRINGFIELD IL 62769 FEC ID number of contributing federal political committee. Name of Enrolloger SANGAMOK ASSOC ANES ANESTHESIOLOGIST Receipt For: Primary General Other (pepcify) ▼ Full Name (Last, First, Middle Initial) EC City State Zip Code SANGAMOK ASSOC ANES ANESTHESIOLOGIST Mailing Address 3021 LADY MARIAN LANE City State Zip Code MIDILOTHIAN VA 23113 FEC ID number of contributing federal political committee. Name of Enrolloger COMMONWEALTH ANESTHESIA ANESTHESIA ANESTHESIOLOGIST Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Transaction ID: SA11AI.613555 Anount of Each Receipt this Period Amount of Each Receipt this Period Transaction ID: SA11AI.613555 Anount of Each Receipt this Period Transaction ID: SA11AI.613555 Anount of Each Receipt this Period Transaction ID: SA11AI.613555 Anount of Each Receipt this Period Transaction ID: SA11AI.613555 Anount of Each Receipt this Period Transaction ID: SA11AI.613555 Anount of Each Receipt this Period Transaction ID: SA11AI.613555 Anount of Each Receipt this Period Transaction ID: SA11AI.613555 Anount of Each Receipt this Period Transaction ID: SA11AI.613555 Anount of Each Receipt this Period Transaction ID: SA11AI.613555 Anount of Each Receipt this Period Transaction ID: SA11AI.613555 Anount of Each Receipt this Period Transaction ID: SA11AI.613555 Anount of Each Receipt this Period Transaction ID: SA11AI.613555 Anount of Each Receipt this Period Transaction ID: SA11AI.613555 Anount of Each Receipt this Period Transaction ID: SA11AI.613555	•			for each category of the	(check only one)
NAME OF COMMITTEE				Detailed Summary Page	
AL ESTABLE AND SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) ESTABLE ANAGAGARA. Maling Address 800 E CARPENTER ST City SPRINGFIELD L 62769 FEC ID number of contributing federal political committee. Name of Employee ANAGAMARA. Maling Address 800 E CARPENTER ST City SPRINGFIELD L 62769 FEC ID number of contributing federal political committee. Name of Employee ANAGAMARA SOC ANES ANESTHESIOLOGIST Receipt For: Primary General Other (specify) ▼ Date of Receipt Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Date of Receipt Amount of Each Receipt this Period Employer Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Apgregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-		Any information copied from such Reports and State or for commercial purposes, other than using the r	atements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
A. ESWARA KAKARALA Mailing Address 800 E CARPENTER ST City State Zip Code FEC ID number of contributing federal political committee. B. PETER KAMILAKIS Mailing Address 3021 LADY MARIAN LANE City State Zip Code ANESTHESIOLOGIST Receipt For: Primary General Other (specity) ▼ State Zip Code ANESTHESIOLOGIST Receipt For: Primary General Other (specity) ▼ Date of Receipt this Period FUI Name (Last, First, Middle Initial) FC ID number of contributing federal political committee. Name of Employer COMMONWEALTH ANESTHESIA ASSOCIATES Receipt For: Other (specity) ▼ State Zip Code VA 23113 FC ID number of contributing federal political committee. Name of Employer COMMONWEALTH ANESTHESIA ASSOCIATES Receipt For: Other (specity) ▼ State Zip Code VA 23113 FOR Doubter of contributing federal political committee. Name of Employer Commonwealth ANESTHESIOLOGIST ANESTHESIOLOGIST ANESTHESIOLOGIST FUI Name (Last, First, Middle Initial) KAY KARASEK Mailing Address 2310 BENT TREE CT City ST JOSEPH MO 64506 Receipt For: Name of Employer ANESTHESIOLOGIST ANESTHESIOLOGIST ANESTHESIOLOGIST ANOUNT of Each Receipt Transaction ID: SA11Al.61355 Anount of Each Receipt Transaction ID: SA11Al.61555 Anount of Each Receipt Inip Period C Coccupation ANESTHESIOLOGIST ANESTHESIOLOGIST ANESTHESIOLOGIST ANESTHESIOLOGIST ANESTHESIOLOGIST Anount of Each Receipt Transaction ID: SA11Al.61012 Transaction ID: SA		\ ' '	OLOGIST	S POLITICAL ACTION COM	MITTEE
City State Zip Code	∠ A .	, , , , , ,			Date of Receipt
SPRINGFIELD IL 62769 FEC ID number of contributing foderal political committee. Name of Employer SANGAMON ASSOC ANES ANESTHESIOLOGIST Receipt For: Primary General Other (specify) ▼ State Zip Code Commonward Committee. Name of Employer Committee. Pull Name (Last, First, Middle Initial) FEC ID number of contributing federal political committee. Name of Employer Commonward ASSOCIATES Receipt For: Primary General Occupation ANESTHESIOLOGIST ANESTHESIOLOGIST ASSOCIATES Receipt For: Primary General Other (specify) ▼ State Zip Code ANESTHESIOLOGIST ASSOCIATES Receipt For: Pull Name (Last, First, Middle Initial) ASSOCIATES Receipt For: Pull Name (Last, First, Middle Initial) ANESTHESIOLOGIST ASSOCIATES Receipt For: Pull Name (Last, First, Middle Initial) ANESTHESIOLOGIST ASSOCIATES ANESTHESIOLOGIST Aggregate Year-to-Date ▼ Date of Receipt Max 3 3 1 2 0 0.8 Transaction ID: SA11AL61555 Amount of Each Receipt this Period Transaction ID: SA11AL61555 Amount of Each Receipt this Period Date of Receipt Max 3 3 1 2 0 0.8 Transaction ID: SA11AL61555 Amount of Each Receipt this Period Date of Receipt Max 3 3 1 2 0 0.8 Transaction ID: SA11AL61555 Amount of Each Receipt this Period ANESTHESIOLOGIST Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Other (specify) ▼ Date of Receipt Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Date of Receipt Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Date of Receipt Aggregate Year-to-Date ▼ Date of Receip		Mailing Address 800 E CARPENTER ST	-		
Source FEC ID number of contributing Interest		•	State	Zip Code	Transaction ID: SA11AI.61012
Sand Agree Sa		SPRINGFIELD	IL	62769	Amount of Each Receipt this Period
Receipt For: Primary			C		500.00
Primary General Other (specify) ▼ 500.00 B. Full Name (Last, First, Middle Initial) PETER KAMILAKIS Malling Address 3021 LADY MARIAN LANE City State Zip Code VA 23113 FEC ID number of contributing federal political committee. Name of Employer COMMONWEALTH ANESTHESIA ASSOCIATES Receipt For: Primary General Other (specify) ▼ 500.00 Date of Receipt Transaction ID: SA11Al.61301 Amount of Each Receipt this Period FULL Name (Last, First, Middle Initial) KAY KARASEK Malling Address 2310 BENT TREE CT City State Zip Code ST JOSEPH MO 64506 FEC ID number of contributing federal political committee. Name of Employer HRMC ANESTHESIOLOGIST Receipt For: Primary General Other (specify) ▼ 500.00		Name of Employer SANGAMON ASSOC ANES			
B. PETER KAMILAKIS Mailing Address 3021 LADY MARIAN LANE City State Zip Code MIDLOTHIAN VA 23113 FEC ID number of contributing federal political committee. Name of Employer COMMONWEALTH ANESTHESIA ASSOCIATES Receipt For: Primary General City State Zip Code MO Address 2310 BENT TREE CT City State Zip Code MO Address 2310 BENT TREE CT Date of Receipt Transaction ID: SA11AI.61301 Amount of Each Receipt this Period Full Name (Last, First, Middle Initial) KAY KARASEK Mailing Address 2310 BENT TREE CT City State Zip Code ST JOSEPH MO 64506 FEC ID number of contributing federal political committee. Name of Employer HRMC Receipt For: Primary General Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ 1500.00		Primary General	Aggregate	1 1 1 1 1 1 1 1	
City MIDLOTHIAN FEC ID number of contributing federal political committee. Name of Employer COMMONWEALTH ANESTHESIA ASSOCIATES Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) KAY KARASEK Mailing Address 2310 BENT TREE CT City State Zip Code MO 64506 FEC ID number of contributing federal political committee. C. State Zip Code MO 64506 FEC ID number of contributing federal political committee. Name of Employer HRMC Receipt For: Aggregate Year-to-Date ▼ Coccupation ANESTHESIOLOGIST AND 64506 FEC ID number of contributing federal political committee. Name of Employer HRMC ANESTHESIOLOGIST Aggregate Year-to-Date ▼ Frimary General Other (specify) ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Frimary General Other (specify) ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼	- В.				Date of Receipt
MDLOTHIAN FEC ID number of contributing federal political committee. C Name of Employer HRMC Full Name (Last, First, Middle Initial) KAY KARASEK Mailing Address 2310 BENT TREE CT Name of Employer HRMC Receipt For: Primary General Other (specify) ▼ Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ Transaction ID: SA11Al.61555 Amount of Each Receipt this Period Date of Receipt MM / S 1 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		Mailing Address 3021 LADY MARIAN LA	ANE		
FEC ID number of contributing federal political committee. Name of Employer COMMONWEALTH ANESTHESIA ASSOCIATES Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) KAY KARASEK Mailing Address 2310 BENT TREE CT City State Zip Code MO 64506 FEC ID number of contributing federal political committee. Name of Employer HRMC Name of Employer ANESTHESIOLOGIST Receipt For: Primary General Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ Transaction ID: SA11Al.61555 Amount of Each Receipt this Period Sound ANESTHESIOLOGIST Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Sound Other (specify) ▼		•		·	
Name of Employer			VA	23113	Amount of Each Receipt this Period
Receipt For: Primary General Other (specify) ▼ C. Full Name (Last, First, Middle Initial) KAY KARASEK Mailing Address 2310 BENT TREE CT City State Zip Code ST JOSEPH MO 64506 FEC ID number of contributing federal political committee. Name of Employer HRMC Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: SA11AI.61555 Amount of Each Receipt this Period 500.00		federal political committee.	C		500.00
C. Full Name (Last, First, Middle Initial) KAY KARASEK Mailing Address 2310 BENT TREE CT City State Zip Code ST JOSEPH MO 64506 FEC ID number of contributing federal political committee. Name of Employer HRMC Receipt For: Primary General Other (specify) ▼ Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		ASSOCIATES			
C. Full Name (Last, First, Middle Initial) KAY KARASEK Mailing Address 2310 BENT TREE CT City State Zip Code ST JOSEPH MO 64506 FEC ID number of contributing federal political committee. Name of Employer HRMC Receipt For: Aggregate Year-to-Date ▼ State Sip Code Transaction ID: SA11AI.61555 Amount of Each Receipt this Period 500.00			Aggregate	e Year-to-Date ▼	
C. KAY KARASEK Mailing Address 2310 BENT TREE CT City State Zip Code ST JOSEPH MO 64506 FEC ID number of contributing federal political committee. Name of Employer HRMC Receipt For: Primary General Other (specify) ▼ Date of Receipt M M M O 3 1 2 0 0 8 Transaction ID: SA11AI.61555 Amount of Each Receipt this Period 500.00				500.00	
City State Zip Code MO 64506 FEC ID number of contributing federal political committee. Name of Employer HRMC Receipt For: Primary General Other (specify) ▼ State Zip Code MO 64506 Transaction ID: SA11AI.61555 Amount of Each Receipt this Period 500.00 Amount of Each Receipt this Period 500.00	с. С.	KAYKARASEK			Date of Receipt
ST JOSEPH MO 64506 FEC ID number of contributing federal political committee. Name of Employer HRMC Receipt For: Primary General Other (specify) ▼ MO 64506 C Amount of Each Receipt this Period 500.00 Amount of Each Receipt this Period 500.00		Mailing Address 2310 BENT TREE CT			
Receipt For: Primary General Other (specify) ▼ Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ 500.00				•	
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			C		500.00
Primary General Other (specify) ▼ 500.00		Name of Employer HRMC			
SUBTOTAL of Receipts This Page (optional)		Primary General	Aggregate		
		SUBTOTAL of Receipts This Page (optional)			1500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 113 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	SIOLOGISTS POLITICAL ACTION COM	
Full Name (Last, First, Middle Initial) VIDA KASUBA		Date of Receipt
Mailing Address 1406 ELIZABETH CT		03 28 2008
City	State Zip Code	Transaction ID: SA11AI.61397
CORAOPOLIS	PA 15108	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer PITTSBURGH ANES ASSOC	Occupation PHYSICIAN	7
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) B. WILLIAM KELLY		Date of Receipt
Mailing Address 10809 BUCKINGHAM	PL	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11Al.60875
POWELL FEC ID number of contributing federal political committee.	OH 43065	Amount of Each Receipt this Period 250.00
Name of Employer CAI	Occupation ANESTHESIOLOGIST	7
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) C. PAUL KNOX		Date of Receipt
Mailing Address 7400 1ST AVE S		03 05 7 2008
City ST PETERSBURG	State Zip Code FL 33707	Transaction ID: SA11AI.60739 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer ANES CONSULT ST PETERSBURG	Occupation PHYSICIAN	1
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52 / 113 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any perso the name and address of any political committee to ESIOLOGISTS POLITICAL ACTION COMI	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) TODD KNOX Mailing Address 701 N 1ST ST City SPRINGFIELD FEC ID number of contributing federal political committee. Name of Employer ASSOC ANES SPGFLD Receipt For: Primary General Other (specify)	State Zip Code IL 62781 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) BETTYLOU KOFFEL Mailing Address 25 NW 23RD PL #6 City PORTLAND FEC ID number of contributing federal political committee. Name of Employer NORTHWEST PERM Receipt For: Primary General	PMB 432 State Zip Code OR 97210 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) MICHAEL KOVARIK Mailing Address 800 E CARPENTER City SPRINGFIELD FEC ID number of contributing federal political committee. Name of Employer SANGAMON ASSOC ANES Receipt For: Primary General Other (specify)		Date of Receipt M M M / D D / Y Y Y Y Y O 3 / D D / Y 2 0 0 8 Transaction ID: SA11AI.61010 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional)	1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 113 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may	y not be sold or used by any perso dress of any political committee to	
AMERICAN SOCIETY OF ANESTHES	SIOLOGISTS	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) MARK KRAUSE			Date of Receipt
Mailing Address 1439 NORTH MOHAW	/K		03 18 2008
City	State	Zip Code	Transaction ID: SA11AI.61220
CHICAGO	IL	60610	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer COUNTY OF COOK	Occupatio ANESTH	n IESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) PREMA KRISHNAMURTHY			Date of Receipt
Mailing Address 1170 ARROWOOD DE	3		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State PA	Zip Code	Transaction ID: SA11AI.61488
PITTSBURGH FEC ID number of contributing federal political committee.	C	15243	Amount of Each Receipt this Period 250.00
Name of Employer UPMC	Occupatio ANESTH	n IESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) MICHAEL LALICH			Date of Receipt
Mailing Address 1501 S LAKE GEORG	E DR		03 07 2008
City	State	Zip Code	Transaction ID: SA11AI.61070
MISHAWAKA	IN	46545	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer ST JOSEPH VALLEY	Occupatio ANESTH	n IESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			750.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 113 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the	atements ma	ly not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES			
A.	Full Name (Last, First, Middle Initial) STEVEN LANDAU Mailing Address 2443 DUNDEE RD			Date of Receipt
				03 03 2008
	City ANN ARBOR	State MI	Zip Code 48103	Transaction ID: SA11AI.60621 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40100	500.00
	Name of Employer ANES ASSOC FOOTE HOSP	Occupation PHYSIC		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
В.	Full Name (Last, First, Middle Initial) RAY LANSING			Date of Receipt
	Mailing Address 20020 TUMALO RD			03 / 05 / 2008
	City BEND	State OR	Zip Code 97701	Transaction ID: SA11AI.60747
	FEC ID number of contributing federal political committee.	C	97701	Amount of Each Receipt this Period 250.00
	Name of Employer BEAD ANESTH GRP	Occupation ANESTH	on HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
С.	Full Name (Last, First, Middle Initial) HUONG LE			Date of Receipt
	Mailing Address 4061 W POST ROAD			03 23 2008
	City CHANDLER	State AZ	Zip Code 85226	Transaction ID: SA11Al.61249 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer SELF-EMPLOYED	Occupation ANESTH	on HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			1000.00

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	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 113 (check only one) X 11a 11b 11c 12
	Any information copied from such Reports and Sta or for commercial purposes, other than using the r	atements ma	y not be sold or used by any perso	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESI			
A.	Full Name (Last, First, Middle Initial) THOMAS LEKAN			Date of Receipt
	Mailing Address 6612 PLEASANT ST			03 / 31 / Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11Al.61532
	CINCINNATI	OH	45227	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer ANES ASSOC CINCINNATI	Occupation ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial)	0 0	0 0 0 0 0 0 0	1
В.	WARRN LEONG			Date of Receipt
	Mailing Address 5642 VIA DE LA PLATA	7:- Oada	03 / 04 / 2008	
	City DELRAY BEACH	State FL	Zip Code 33484	Transaction ID: SA11AI.60685 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	00101	250.00
	Name of Employer TEAM HEALTH	Occupation ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
с.	Full Name (Last, First, Middle Initial) MICHAEL LESS			Date of Receipt
	Mailing Address 15W316 60TH ST			03 / 04 / 2008
	City BURR RIDGE	State IL	Zip Code 60527	Transaction ID: SA11AI.60716 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer ELMHURST ANESTHESIOLOGIST- S,P.C.	Occupation PHYSIC		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	(Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 56/113 (check only one) X 11a
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	IESIOLOGISTS	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) GLORIA LEWIS			Date of Receipt
Mailing Address 3600 MALONEY RD)		03 07 2008
City KNOXVILLE	State TN	Zip Code 37920	Transaction ID: SA11AI.61023 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	37320	250.00
Name of Employer AMAET	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	 	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) NANCY LILLEHEI			Date of Receipt
Mailing Address 5808 GREENWOO	D AVE N		0 3 2 8 2 0 0 8
City SEATTLE	State WA	Zip Code 98103	Transaction ID: SA11Al.61478 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30103	500.00
Name of Employer SELF-EMPLOYED	Occupation	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) STEPHEN LONG			Date of Receipt
Mailing Address 1501 MAPLE AVE #	‡ 301		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City RICHMOND	State VA	Zip Code 23226	Transaction ID: SA11AI.61118
FEC ID number of contributing federal political committee.	C	23220	Amount of Each Receipt this Period 500.00
Name of Employer COMMONWEALTH PAIN SPEC	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional			1250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	for each	parate schedule(s) n category of the d Summary Page	FOR LINE NUMBER: PAGE 57 / 113 (check only one) X 11a
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	the name and address of an	y political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) ANN LOVITT Mailing Address 427 VERNON RD City	State Zip Co	ode	Date of Receipt M M C D C C C C
JENKINTOWN FEC ID number of contributing federal political committee.	PA 19046		Amount of Each Receipt this Period 250.00
Name of Employer FOX CHASE ANES ASSOC Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOG Aggregate Year-to-Da		
Full Name (Last, First, Middle Initial) KATARZYNA LUBA Mailing Address 3333 EVERGREEN	DR NE		Date of Receipt 0 3 0 7 2 0 0 8
City GRAND RAPIDS	State Zip Co		Transaction ID: SA11AI.61004 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer ANES MED CONSULT	Occupation PHYSICIAN		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Da	250.00]
Full Name (Last, First, Middle Initial) MAUREEN LUBY Mailing Address 7230 MIDBURY DE	1		Date of Receipt 0 3 0 7 2 0 0 8
City DALLAS	State Zip Co		Transaction ID: SA11AI.61088
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 500.00
Name of Employer DALLAS ANES ASSOC	Occupation ANESTHESIOLOG	GIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Da	ate ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	n		1000.00

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and St	atements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 113 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
	nr for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES Full Name (Last, First, Middle Initial)	name and ad	dress of any political committee to	solicit contributions from such committee. MITTEE
Α.	Mailing Address 2400 SOUTH ST			Date of Receipt 0 3 0 5 2 0 0 8
	City LAFAYETTE FEC ID number of contributing federal political committee.	State IN C	Zip Code 47904	Transaction ID: SA11AI.60780 Amount of Each Receipt this Period 250.00
	Name of Employer ST ELIZABETH REG HLTH Receipt For: Primary General Other (specify) ▼	1	e Year-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial) ROMAN MAGIDENKO Mailing Address 2856 AMBERLY LN City TROY FEC ID number of contributing federal political committee. Name of Employer SOUTH OAKLAND ANESTHESIA ASSOCIATES, P Receipt For:	State MI C Occupation PHYSIC Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
_ C.	Primary General Other (specify) Full Name (Last, First, Middle Initial) GIRISH MAKWANA Mailing Address 1585 BLENHEIM PL	0 0	500.00	Date of Receipt
	City ATLANTA FEC ID number of contributing federal political committee.	State GA	Zip Code 30350	Transaction ID: SA11AI.61349 Amount of Each Receipt this Period 250.00
	Name of Employer SELF-EMPLOYED Receipt For: Primary General Other (specify) ▼		on HESIOLOGIST e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			1000.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 59 / 113 (check only one)
IIE			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any ir	nformation copied from such Reports and State commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
N/	AME OF COMMITTEE (In Full)			
A	MERICAN SOCIETY OF ANESTHESION	OLOGISTS	S POLITICAL ACTION COMI	MITTEE
	ull Name (Last, First, Middle Initial) RANIO MALTO			Date of Receipt
Ma	ailing Address 8022 MCCANDLISH RD	ı		03 28 2008
Ci	•	State	Zip Code	Transaction ID: SA11AI.61447
<u>G</u>	RAND BLANC	MI	48439	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		250.00
Na M	ame of Employer ICH MED ANES	Occupation ANESTH	n ESIOLOGIST	
Re	eceipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	ull Name (Last, First, Middle Initial) DUGLAS MANDEL			Date of Receipt
Ma	ailing Address 15395 PROSPECT DR			03 05 7 2008
Ci	•	State	Zip Code	Transaction ID: SA11AI.60718
<u>R</u>	EDDING	CA	96001	Amount of Each Receipt this Period
FE fe	EC ID number of contributing deral political committee.	C		250.00
Na Si	ame of Employer ELF-EMPLOYED	Occupation ANESTH	n ESIOLOGIST	
Re	eceipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	ull Name (Last, First, Middle Initial) FEVEN MANDELBERG			Date of Receipt
Ma	ailing Address 336 FOREST ST			03 28 2008
Ci	ty	State	Zip Code	Transaction ID: SA11AI.61336
<u>O</u>	AKLAND	CA	94618	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		250.00
Na Al	ame of Employer LAMEDA ANESTH ASSOC	Occupation ANESTH	n ESIOLOGIST	
Re	eceipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 113 (check only one) X 11a 11b 11c 12
	, ,	13 14 15 16 17
Any information copied from such Reports and St or for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	IOLOGISTS POLITICAL ACTION COM	MITTEE
AMERICAN SOCIETY OF ANESTHES	NOLOGIOTOT GENTIONE ACTION GOM	
Full Name (Last, First, Middle Initial) A. MARK MANLEY		Date of Receipt
Mailing Address 11947 STONEMARK L	N	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.61534
LOVELAND	OH 45140	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer ANES ASSOC CINCINNATI	Occupation ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) B. ROBERT MARTIN		Date of Receipt
Mailing Address 1856 PLATINUM FALL		03 06 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.60916
ADA	MI 49301	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	300.00	
Full Name (Last, First, Middle Initial) C. EDWIN MATHEWS		Date of Receipt
Mailing Address 725 AMERICAN AVE		03 07 2008
City	State Zip Code	Transaction ID: SA11AI.60999
WAUKESHA	WI 53188	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		800.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 61 / 113 (check only one) X 11a
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person and address of any political committee to ESIOLOGISTS POLITICAL ACTION COM	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) BILL MAUPIN Mailing Address 801 NW 145TH CIRC City EDMOND FEC ID number of contributing federal political committee. Name of Employer AFFILIATED ANESTHESIOLOGI- STS Receipt For: Primary General Other (specify)	State Zip Code OK 73013 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 500.00	Date of Receipt 0 3 1 1 2 0 0 8 Transaction ID: SA11AI.61163 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) PATRICK MCCASLIN Mailing Address 78 RIVER BLUFF DR City MADISONVILLE FEC ID number of contributing federal political committee. Name of Employer WEST ST. TAMMANY ANESTHES-IA Receipt For: Primary General Other (specify)	State Zip Code LA 70447 C Occupation PHYSICIAN Aggregate Year-to-Date 500.00	Date of Receipt M M M J D D J Z D O S Transaction ID: SA11Al.61575 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) GREGORY MCCOMAS Mailing Address 6578 CANYON COVE City SALT LAKE CITY FEC ID number of contributing federal political committee. Name of Employer MOUNTAIN WEST ANES Receipt For: Primary General Other (specify)	State Zip Code UT 84121 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 250.00	Date of Receipt M M M O O O O O O O O O O O O O O O O
SUBTOTAL of Receipts This Page (optional)	·	1250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS Any information copied from such Reports an	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 62 / 113 (check only one) X
NAME OF COMMITTEE (In Full)	the name and address of any political committee to	
Full Name (Last, First, Middle Initial) JOSEPH MCCOMB Mailing Address 104 CETON COUF	RT	Date of Receipt
City	State Zip Code	03 07 2008 Transaction ID: SA11Al.61124
BROOMALL FEC ID number of contributing federal political committee.	PA 19008	Amount of Each Receipt this Period 500.00
Name of Employer UAS	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) B. CAROL MCCOURT	<u> </u>	Date of Receipt
Mailing Address 1900 EXETER RD	#210	03 07 2008
City GERMANTOWN	State Zip Code TN 38138	Transaction ID: SA11AI.61050 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer METRO ANES ALLIANCE	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) C. HARLAN MCCULLOCH		Date of Receipt
Mailing Address 7528 WATERVIEW	/ DR	03 07 7 2008
City CORNELIUS	State Zip Code NC 28031	Transaction ID: SA11AI.61107 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer SOUTHEAST ANESTH	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	al)	1250.00

SCHEDULE A (FEC FITEMIZED RECEIPTS	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 63 / 113 (check only one) X
or for commercial purposes, othe NAME OF COMMITTEE (In I	er than using the name and a Full)	nay not be sold or used by any pers address of any political committee to TS POLITICAL ACTION COM	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle THOMAS MELIN Mailing Address 12855 EL City ELM GROVE FEC ID number of contributin federal political committee. Name of Employer SELF-EMPLOYED	State WI Occupat		Date of Receipt M M M / D D M 28
Receipt For: Primary Gener Other (specify) ▼	Aggrega	THESIOLOGIST ate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle JOHN MELTON Mailing Address 3324 KIN	Initial)		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.60614
EUGENE FEC ID number of contributin federal political committee.	OR C	97401	Amount of Each Receipt this Period 250.00
Name of Employer NORTHWEST ANESTHESI. ICIANS, PC Receipt For: Primary General Other (specify) ▼	Aggrega		
Full Name (Last, First, Middle BYRON MENDENHALL Mailing Address 4614 W V			Date of Receipt 0 3 0 4 2 0 0 8
City	State	Zip Code	Transaction ID: SA11AI.60710
VISALIA FEC ID number of contributin federal political committee.	g CA	93291	Amount of Each Receipt this Period 250.00
Name of Employer SELF-EMPLOYED	Occupat PHYSI		
Receipt For: Primary General Other (specify) ▼	Aggrega	ate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This P	age (optional)		750.00

,	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 64 / 113	
ITEMIZED RECEIPTS			for each category of the	(check only one)	
	ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12	
Г				13 14 15 16 17	
	Any information copied from such Reports and Sta or for commercial purposes, other than using the r	atements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)				
	AMERICAN SOCIETY OF ANESTHESI	OLOGIST	S POLITICAL ACTION COM	MITTEE	
Α.	Full Name (Last, First, Middle Initial) AMIR MIAN			Date of Receipt	
	Mailing Address 14922 HOLLYDALE DR	03 04 YYYY 2008			
	City	State	Zip Code	Transaction ID: SA11AI.60680	
	HOUSTON	TX	77062	Amount of Each Receipt this Period	
	FEC ID number of contributing				
	federal political committee.	C		500.00	
	Name of Employer BAYSHORE ANES GRP	Occupation	n HESIOLOGIST		
	Receipt For:	1	e Year-to-Date ▼		
	Primary General	riggrogati		1	
	Other (specify) ▼	l	500.00		
				·	
- В.	Full Name (Last, First, Middle Initial) RUTH MOES			Date of Receipt	
	Mailing Address 1856 22ND AVE NE			M M / D D / Y Y Y Y	
				03 07 2008	
	City	State	Zip Code	Transaction ID: SA11AI.60952	
	ROCHESTER	MN	55906	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С	0 0 0 0	250.00	
	rederal political committee.				
	Name of Employer WINONA HEALTH ORG	Occupation PHYSIC			
	Receipt For:	+			
	Primary General	Aggregate	e Year-to-Date ▼	1	
	Other (specify) ▼		250.00		
-	Full Name (Last, First, Middle Initial)				
C.	DOMINIC MONTEROSSO			Date of Receipt	
	Mailing Address 100 W FIFTH ST #614			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: SA11Al.61445	
	ROYAL OAK	MI	48067	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		500.00	
	Name of Employer SOAA	Occupation	on HESIOLOGIST		
	Receipt For:		e Year-to-Date ▼	1	
	Primary General	55. 550		1	
	Other (specify) ▼		500.00		
				"	
Γ	•				
	SUBTOTAL of Receipts This Page (optional)			1250.00	
L	ODDIVIAL OF HOCOIPES THIS I age (optional)				

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 65 / 113 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	I Statements may not be sold or used by any personal he name and address of any political committee to ESIOLOGISTS POLITICAL ACTION COM	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) THOMAS MOORE Mailing Address 415 N CENTER ST City HICKORY FEC ID number of contributing	State Zip Code NC 28601	Date of Receipt 0 3 28 2008 Transaction ID: SA11AI.61470 Amount of Each Receipt this Period
rec in humber of contributing federal political committee. Name of Employer UNIFOUR ANES ASSOC Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation PHYSICIAN Aggregate Year-to-Date 250.00	250.00
Full Name (Last, First, Middle Initial) ROBERT MORGAN Mailing Address 211 EAST PARK AV City	State Zip Code	Date of Receipt 0 3
GREENVILLE FEC ID number of contributing federal political committee. Name of Employer GREENVILLE ANESTHESIOLOGY, P.A. Receipt For: Primary General Other (specify)	SC 29601 C Occupation M.D. Aggregate Year-to-Date ▼ 500.00	Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) JAMES MOSHER Mailing Address 6511 FOX CHASE L City CINCINNATI FEC ID number of contributing	State Zip Code OH 45243	Date of Receipt M M M / D D / Y Y Y Y Y 0 3 1 2 0 0 8 Transaction ID: SA11AI.61573 Amount of Each Receipt this Period
federal political committee. Name of Employer ANES ASSOC CINCINNATI Receipt For: Primary General	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date	250.00
Other (specify) SUBTOTAL of Receipts This Page (optional)	250.00	1000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 66 / 113 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	I Statements may not be sold or used by any person he name and address of any political committee to ESIOLOGISTS POLITICAL ACTION COMP	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) SOE MYINT Mailing Address 1923 78TH ST City BROOKLYN FEC ID number of contributing federal political committee. Name of Employer WYCKOFF HEIGHT MED Receipt For: Primary General Other (specify)	State Zip Code NY 11214 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 250.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) EDWARD NORMAN Mailing Address 1040 SKYE LN City PALM HARBOR FEC ID number of contributing federal political committee. Name of Employer N PINELLAS ANESTH Receipt For: Primary General	State Zip Code FL 34683 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 250.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) HELEN O'LEARY Mailing Address 3500 WINTERBERF City LOUISVILLE FEC ID number of contributing federal political committee. Name of Employer ANES ASSOC LOUISVILLE Receipt For: Primary General Other (specify)	0 0 0 0 0 0 0 0	Date of Receipt M M / D D / Y Y Y Y Y O 3
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 67 / 113 (check only one) X 11a 11b 11c 12 13 14 15 16 11			
Any information copied from such Reports or for commercial purposes, other than usi NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any perso ng the name and address of any political committee to	n for the purpose of soliciting contributions			
AMERICAN SOCIETY OF ANES	THESIOLOGISTS POLITICAL ACTION COMI	MITTEE			
Full Name (Last, First, Middle Initial) ROBERT ODELL		Date of Receipt			
Mailing Address 9632 GRAND ISL	LE LN	03 / 05 / Y Y Y Y Y			
City	State Zip Code	Transaction ID: SA11AI.60845			
LAS VEGAS FEC ID number of contributing federal political committee.	NV 89144	Amount of Each Receipt this Period 250.00			
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00				
Full Name (Last, First, Middle Initial) JOHN OESTERLE					
Mailing Address 1660 DILWORTH	I RD W	03 / 28 / 2008			
City <u>CHARLOTTE</u>	State Zip Code NC 28203	Transaction ID: SA11Al.61496 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	1000.00			
Name of Employer SE ANESTH CONSULT	Occupation ANESTHESIOLOGIST				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00				
Full Name (Last, First, Middle Initial) DAVID OLIVER		Date of Receipt			
Mailing Address P.O. BOX 1928		03 28 2008			
City COLUMBIA	State Zip Code SC 29202	Transaction ID: SA11Al.61492 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	500.00			
Name of Employer ANESTH CONSULTANTS	Occupation ANESTHESIOLOGIST				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00				
SUBTOTAL of Receipts This Page (optic	onal)	1750.00			

I	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS Any information copied from such Reports and Sta	atements ma	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any perso	FOR LINE NUMBER: PAGE 68 / 113 (check only one) X
\ \ _	or for commercial purposes, other than using the name of COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	name and ad	dress of any political committee to	solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) KEVIN OWEN Mailing Address 4662 WHITEHALL LAN	IE		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City HIGHLANDS RANCH FEC ID number of contributing	State CO	Zip Code 80126	Transaction ID: SA11AI.61291 Amount of Each Receipt this Period 500.00
	Receipt For: Other (specify) Other (specify) Other (speci	Occupatio ANESTH	n IESIOLOGIST e Year-to-Date ▼ 500.00	
В.	Full Name (Last, First, Middle Initial) NICK PALERMO Mailing Address 11251 SW 82ND PL City MIAMI FEC ID number of contributing federal political committee. Name of Employer ANES ASSOC GRT MIAMI	State FL C Occupatio PHYSIC		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
_	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
C.	Full Name (Last, First, Middle Initial) HARRY PALL Mailing Address 603 E LAKE ST City PETOSKEY FEC ID number of contributing federal political committee. Name of Employer NORTHERN ANES PROV Receipt For: Primary General Other (specify)		Zip Code 49770 In HESIOLOGIST e Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	SUBTOTAL of Receipts This Page (optional)			1000.00

				_
,	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 69 / 113
ITEMIZED RECEIPTS			for each category of the	(check only one)
11	LIVIIZED RECEIFIO	Detailed Summary Page	X 11a 11b 11c 12	
_				13 14 15 16 17
	Any information copied from such Reports and Sta or for commercial purposes, other than using the n	atements mag name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	AMERICAN SOCIETY OF ANESTHESI	OLOGISTS	S POLITICAL ACTION COM	MITTEE
Δ.	Full Name (Last, First, Middle Initial) SUSAN PALMER			Date of Receipt
	Mailing Address 120 DANIEL DRIVE			03 10 2008
	City	State	Zip Code	Transaction ID: SA11Al.61155
	EUGENE	OR	97404	Amount of Each Receipt this Period
				7 thouse of Edon Hoodipt and Fortida
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer OREGON ANESTHESIOLOGY GRO- UP	Occupatio	n IESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	7.99.094.0		1
	Other (specify)		250.00	
				1
- В.	Full Name (Last, First, Middle Initial) LEILA PANG			Date of Receipt
	Mailing Address 10 CARLOTTA WAY	M M / D D / Y Y Y Y		
		03 28 2008		
	City	State	Zip Code	Transaction ID: SA11Al.61422
	DEMAREST	NJ	07627	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer COLUMBIA UNIV	Occupation PHYSICI		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify)	0 0	250.00	
С. С.	Full Name (Last, First, Middle Initial) MUKESH PATEL			Date of Receipt
	Mailing Address 2201 CLIMBING IVY DF	3		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.61053
	TAMPA	FL	33618	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	N (5)			
	Name of Employer MILLENNIUM ANES CARE	Occupatio ANESTH	ⁿ IESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	-	250.00	1
	Other (specify) ▼		250.00	
Γ	<u></u>			
	SUBTOTAL of Receipts This Page (optional)			750.00
L	TTT OF HOSEING THIS LAGO (Optional)			

SCHEDULE A ITEMIZED REC	(FEC Form 3X) CEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 70 / 113 (check only one) X 11a
NAME OF COMMI	ΓΤΕΕ (In Full)		not be sold or used by any pers ress of any political committee to B POLITICAL ACTION COM	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, Fi			7.1 02.11.07.127.011.011.01.0	
Mailing Address	901 E VIA DEL CIELO			Date of Receipt 0 3 1 6 2 0 0 8
City		State	Zip Code	Transaction ID: SA11AI.61203
PARADISE VAL	LEY	AZ	85253	Amount of Each Receipt this Period
FEC ID number of of federal political com		C		500.00
Name of Employer SELF		Occupation ANESTH	ESIOLOGIST	
Receipt For: Primary Other (specify	General	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, Fi				Date of Receipt
Mailing Address	900 TALLGRASS CIR			03 07 2008
City		State	Zip Code	Transaction ID: SA11AI.60983
WAUKESHA		WI	53188	Amount of Each Receipt this Period
FEC ID number of of federal political com		C		250.00
Name of Employer SELF-EMPLOYED		Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary Other (specify	General	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, Fi	st, Middle Initial)			Date of Receipt
Mailing Address	P.O. BOX 8305			03 07 7 2008
City		State	Zip Code	Transaction ID: SA11Al.61062
GADSDEN		AL	35902	Amount of Each Receipt this Period
FEC ID number of of federal political com		C		500.00
Name of Employer ANESTH ASSOC		Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary Other (specify	General) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Recei	ots This Page (optional)			1250.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE /1/113 (check only one)
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE			
Full Name (Last, First, Middle Initial) JOHN PETERSON			Date of Receipt
Mailing Address 15651 CALIFORNIA	ST		03 14 2008
City	State	Zip Code	Transaction ID: SA11AI.61190
OMAHA FEC ID number of contributing federal political committee.	C	68118	Amount of Each Receipt this Period 250.00
Name of Employer ANESTHESIA WEST PC	Occupation	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) MARY PETERSON			Date of Receipt
Mailing Address 210 NAPLES			03 14 2008
City CORPUS CHRISTI	State TX	Zip Code 78404	Transaction ID: SA11AI.61188
FEC ID number of contributing federal political committee.	C	70404	Amount of Each Receipt this Period 250.00
Name of Employer DRISCOLL CHILDRENS HOSPIT-	Occupation PHYSICI		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) TODD PETERSON			Date of Receipt
Mailing Address 14616 S 24TH PL			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.60917
PHOENIX FEC ID number of contributing federal political committee.	C	85048	Amount of Each Receipt this Period 250.00
Name of Employer HORIZON ANESTH	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	-, '	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Ose separate seriedate(s)		FOR LINE NUMBER: PAGE 72 / 113 (check only one) X 11a 11b 11c 12	
Γ	Any information copied from such Reports and Sta	atements ma	ay not be sold or used by any perso	on for the purpose of soliciting contributions	
_	or for commercial purposes, other than using the	name and ad	ddress of any political committee to	o solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES!	IOLOGIST	S POLITICAL ACTION COM	MITTEE	
Α.	Full Name (Last, First, Middle Initial) PETER PICKERING			Date of Receipt	
	Mailing Address 16 NASSAU RD			03 06 2008	
	City	State	Zip Code	Transaction ID: SA11AI.60864	
	MASSAPEQUA	NY	11758	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		250.00	
	Name of Employer SELF-EMPLOYED	Occupation ANESTH	on HESIOLOGIST		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼	0 0	250.00		
В.	Full Name (Last, First, Middle Initial) JWALA PRASAD			Date of Receipt	
	Mailing Address 9857 FORESTGLEN D	03 31 7 2008			
	City	State	Zip Code	Transaction ID: SA11AI.61537	
	CINCINNATI	OH	45242	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer CHRIST HOSPITAL	Occupation ANESTH	on HESIOLOGIST		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼	0 0	250.00		
С. С.	Full Name (Last, First, Middle Initial) BRUCE PURYEAR			Date of Receipt	
	Mailing Address 10947 E LAUREL LN			03 / 28 / 4 2008	
	City SCOTTSDALE	State AZ	Zip Code 85259	Transaction ID: SA11AI.61502 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer VALLEY ANES CONSUL	Occupation ANESTH	on HESIOLOGIST		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼	0 0	250.00]	
	SUBTOTAL of Receipts This Page (optional))	750.00	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 73 / 113 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES			on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial)		TO LITTONE ACTION COM	
ANDREW QUIROZ Mailing Address 4720 RICHMOND RD			Date of Receipt 0 3 0 5 2 0 0 8
City TYLER	State TX	Zip Code 75703	Transaction ID: SA11AI.60825
FEC ID number of contributing federal political committee.	C	73703	Amount of Each Receipt this Period 250.00
Name of Employer	Occupation ANESTH	n IESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) DONALD RAITHEL			Date of Receipt
Mailing Address 8672 MONTE DR			03 31 2008
City CINCINNATI	State OH	Zip Code 45242	Transaction ID: SA11AI.61535 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer ANES ASSOC CINCINNATI	Occupation ANESTH	n IESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) MARY RATLIFF			Date of Receipt
Mailing Address P.O. BOX 1347			03 28 2008
City PIKEVILLE	State KY	Zip Code 41502	Transaction ID: SA11AI.61363 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		400.00
Name of Employer EASTERN KY ANESTH	Occupation ANESTH	n IESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (optional)			900.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 74 / 113 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any perso the name and address of any political committee to HESIOLOGISTS POLITICAL ACTION COMI	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) JOSEPH RAYBURN Mailing Address P.O. BOX 8305 City GADSEN FEC ID number of contributing federal political committee. Name of Employer ANESTH ASSOC Receipt For: Primary General	State Zip Code AL 35902 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date	Date of Receipt M M M O T O T O T O T O T O T O T O T O
Other (specify) ▼ Full Name (Last, First, Middle Initial) GUNDALA REDDY Mailing Address 2576 CEDAR CRE City MERCED FEC ID number of contributing federal political committee.	250.00 ST CT State Zip Code CA 95340 C	Date of Receipt M M M O 7
Name of Employer SELF-EMPLOYED Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) WILLIAM ROBERTS Mailing Address 9 VICTORIA DR City NEWBURGH FEC ID number of contributing federal political committee. Name of Employer DEACONESS HOSP	State Zip Code IN 47630 C Occupation	Date of Receipt M
Receipt For: Primary Other (specify) General	ANESTHESIOLOGIST Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (options	al)	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 75 / 113 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			on for the purpose of soliciting contributions solicit contributions from such committee.
AMERICAN SOCIETY OF ANESTHES	SIOLOGISTS	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) FRANKLIN ROBINSON			Date of Receipt
Mailing Address 3745 GLAZIER WAY			03 07 2008
City	State	Zip Code	Transaction ID: SA11AI.60943
ANN ARBOR	MI	48105	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer SELF-EMPLOYED	Occupatio PHYSICI		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) IGNACIO RODRIGUEZ			Date of Receipt
Mailing Address 8224 SW 179TH TERF	RACE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.61287
PALMETTO BAY	FL	33157	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer SOUTH MIAMI PAIN CENTER	Occupatio PHYSICI		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) ALLAN ROSEN			Date of Receipt
Mailing Address 8501 VERESE CT			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11Al.60639
ORLANDO	FL	32836	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer TEAM HEALTH	Occupatio ANESTH	n IESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			750.00

I	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and State or for commercial purposes, other than using the new part of the such Reports and State or for commercial purposes, other than using the new part of the such Reports and State or for commercial purposes, other than using the new part of the such Reports and State or for commercial purposes, other than using the new part of the such Reports and State or for commercial purposes, other than using the new part of the such Reports and State or for commercial purposes.	atements ma	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any perso	FOR LINE NUMBER: PAGE 76 / 113 (check only one) X 11a 11b 11c 12 13 14 15 16 17 In for the purpose of soliciting contributions solicitic contributions from such committee			
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESI						
Α.	Full Name (Last, First, Middle Initial) HENRY ROSENBERG Mailing Address 94 OLD SHORT HILLS			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City LIVINGSTON	State NJ	Zip Code 07039	Transaction ID: SA11AI.61120 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer ST BARNABAS MED CTR	Occupation PHYSIC					
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00				
- В.	Full Name (Last, First, Middle Initial) STEPHEN RUBIN			Date of Receipt			
	Mailing Address 4997 OAKHURST LN			03 11 2008			
	City FRISCO	State TX	Zip Code 75034	Transaction ID: SA11AI.61161			
	FEC ID number of contributing federal political committee.	C	73034	Amount of Each Receipt this Period 250.00			
	Name of Employer PINNACLE ANESTHESIA	Occupation PHYSIC					
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00				
с. С.	Full Name (Last, First, Middle Initial) DAVID RYAN			Date of Receipt			
O .							
	City PARMA	State OH	Zip Code 44129	Transaction ID: SA11AI.61182 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		500.00			
	Name of Employer CLEVELAND CLINIC FOUNDATI- ON	Occupation PAIN MA	n ANAGEMENT FELLOW				
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00				
	SUBTOTAL of Receipts This Page (optional)			1000.00			

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 77 / 113 (check only one) X 11a
7	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION COM	IMITTEE
Α.	Full Name (Last, First, Middle Initial) DONAL RYAN	Date of Receipt		
	Mailing Address 3315 WATT AVE	Ctata	7: Od-	03 07 2008
	City SACRAMENTO	State CA	Zip Code 95821	Transaction ID: SA11AI.61099 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer CASE MED GRP	Occupatio ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial) NICHOLAS SAKELLARIOUS Mailing Address 1511 IRVING AVE	1		Date of Receipt
				03 06 2008
	CLENDALE	State	Zip Code	Transaction ID: SA11AI.60863
	GLENDALE FEC ID number of contributing federal political committee.	CA	91201	Amount of Each Receipt this Period 250.00
	Name of Employer SELF-EMPLOYED	Occupation PHYSIC		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
-).	Full Name (Last, First, Middle Initial) DAVID SALAMA			Date of Receipt
	Mailing Address 16741 100 NORMAN	PL		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City CORNELIUS	State NC	Zip Code 28031	Transaction ID: SA11AI.61408 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer SAC	Occupation ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)	-		750.00
F	TOTAL This Period (last page this line number			

ITEMIZEI Any informatio	LE A (FEC Form 3X) D RECEIPTS on copied from such Reports and St.	atements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 78 / 113 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
or for commercial NAME OF	cial purposes, other than using the COMMITTEE (In Full) AN SOCIETY OF ANESTHES	name and ad	dress of any political committee to	solicit contributions from such committee.
PAUL SAM	(Last, First, Middle Initial) UELSON dress 3982 SPRING VALLEY	RD		Date of Receipt
City		State	Zip Code	0 3 0 5 2 0 0 8 Transaction ID: SA11AI.60834
BIRMING	6HAM	AL	35223	Amount of Each Receipt this Period
FEC ID nu	mber of contributing tical committee.	С		250.00
Name of E	mployer	Occupatio ANESTH	n IESIOLOGIST	
Receipt Fo Prima Othe		Aggregate	e Year-to-Date ▼ 250.00	
Full Name YASHESH	(Last, First, Middle Initial) SAVANI			Date of Receipt
Mailing Add	dress 9 FOX POINT CT NE			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: SA11AI.61453
	mber of contributing tical committee.	C	49301	Amount of Each Receipt this Period 250.00
Name of E	mployer D CONSULT	Occupatio ANESTH	n IESIOLOGIST	_
Receipt Fo Prima Othe		Aggregate	e Year-to-Date ▼ 250.00	
Full Name WILLIAM S	(Last, First, Middle Initial) CHIMPKE			Date of Receipt
Mailing Add	dress 289 GRAY WOODS LN	l		03 28 2008
City	IOFILIO	State	Zip Code	Transaction ID: SA11AI.61462
LAKE AN		MI	48046	Amount of Each Receipt this Period
federal poli	mber of contributing tical committee.	C		250.00
	mployer ND ANES ASSOC	Occupatio PHYSIC	IAN	
Receipt Fo Prima Othe		Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL	I of Receipts This Page (optional)			750.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 79 / 113 (check only one) X 11a
0	any information copied from such Reports and r for commercial purposes, other than using the	Statements ma e name and ad	ly not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION COM	IMITTEE
Α.	Full Name (Last, First, Middle Initial) J ELIZABETH SCHOEMAKER	Date of Receipt		
	Mailing Address 6235 BLACK FORES		7: 0 1	03 / 05 / 2008
	City LINCOLN	State NE	Zip Code 68516	Transaction ID: SA11AI.60854 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer ASSOC ANESTH	Occupation PHYSIC		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial) DAVID SCHULTZ	.		Date of Receipt
	Mailing Address 1819 N HALIFAX AVI	Ξ		03 06 2008
	City	State	Zip Code	Transaction ID: SA11AI.60869
	DAYTONA BEACH FEC ID number of contributing federal political committee.	FL C	32118	Amount of Each Receipt this Period 250.00
	Name of Employer SELF-EMPLOYED	Occupation ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
_ >.	Full Name (Last, First, Middle Initial) LOUIS SHENK			Date of Receipt
	Mailing Address 4713 HESSMER AVE			03 05 7 9 9 9
	City METAIRIE	State LA	Zip Code 70002	Transaction ID: SA11AI.60792 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer CHILDRENS HOSP NEW ORL	Occupation ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			750.00
F	TOTAL This Period (last page this line numbe		<u> </u>	

Any information copied from such Reports and Stater or for commercial purposes, other than using the name of the commercial purposes, other than using the n	ne and address of any political committee to s	solicit contributions from such committee.		
or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOL Full Name (Last, First, Middle Initial) JOHN SIKORSKI Mailing Address 6739 GRAND OAKS CT City	ne and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee. MITTEE Date of Receipt		
AMERICAN SOCIETY OF ANESTHESIOL Full Name (Last, First, Middle Initial) JOHN SIKORSKI Mailing Address 6739 GRAND OAKS CT City	OGISTS POLITICAL ACTION COMN	Date of Receipt		
Mailing Address 6739 GRAND OAKS CT City		-		
City				
-		03 04 2008		
	State Zip Code	Transaction ID: SA11Al.60682		
MASON	OH 45040	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
	Occupation ANESTHESIOLOGIST			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00			
Full Name (Last, First, Middle Initial) PHILIP SISSONS		Date of Receipt		
Mailing Address P.O. BOX 8305				
City	State Zip Code	Transaction ID: SA11AI.61061		
GADSDEN	AL 35902	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	500.00		
ANIESTU ASSOC	Occupation ANESTHESIOLOGIST			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00			
Full Name (Last, First, Middle Initial) ANDREW SMITH		Date of Receipt		
Mailing Address 2115 NE 27TH ST.		03 12 2008		
City RENTON	State Zip Code WA 98056	Transaction ID: SA11AI.61165		
FEC ID number of contributing federal political committee.	WA 98056	Amount of Each Receipt this Period 250.00		
Name of Employer VALLEY ANESTHESIA ASSOCIA-	Occupation PHYSICIAN	_		
160	Aggregate Year-to-Date ▼	-		
Primary General Other (specify) ▼	250.00			
SUBTOTAL of Receipts This Page (optional)		1000.00		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 81 / 113 (check only one) X
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DEAN SMITH	HESIOLOGISTS POLITICAL ACTION COM	Date of Receipt
Mailing Address 2901 N CENTRAL	AVE #500	0 3 0 7 2 0 0 8
City PHOENIX	State Zip Code AZ 85012	Transaction ID: SA11AI.61037 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer VALLEY ANESTH	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) JULIE SORENSEN		Date of Receipt
Mailing Address 1 MEDICAL CENT PAIN MANAGEME		03 17 2008
City	State Zip Code	Transaction ID: SA11AI.61207
LEBANON FEC ID number of contributing federal political committee.	NH 03756	Amount of Each Receipt this Period 250.00
Name of Employer DARTMOUTH HITCHCOCK CLINIC	Occupation PAIN MANAGEMENT ANESTHESIO	 ριφgist
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) MICHAEL STEARNS		Date of Receipt
Mailing Address 2901 N CENTRAL	AVE #500	03 / 28 / Y Y Y Y Y
City PHOENIX	State Zip Code AZ 85012	Transaction ID: SA11AI.61416 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer VALLEY ANES CONSUL	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUPTOTAL of Possints This Page (ention	al)	1250.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 82 / 113 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using	and Statements may not be sold or used by any persong the name and address of any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANEST	THESIOLOGISTS POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) DOUGLAS STERNBERG		Date of Receipt
Mailing Address 3230 SHADYDAL	E CT	03 28 2008
City	State Zip Code	Transaction ID: SA11AI.61451
W BLOOMFIELD	MI 48323	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer S OAKLAND ANES ASSOC	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) DOUGLAS STEWART		Date of Receipt
Mailing Address 1214 RED ROAN	DR	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11Al.61122
LOVELAND FEC ID number of contributing federal political committee.	OH 45140	Amount of Each Receipt this Period 250.00
Name of Employer ANES ASSOC CINCINNATI	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) DONALD STOGSDILL	I	Date of Receipt
Mailing Address 2569 TURNING L	EAF LN	03 28 2008
City CARMEL	State Zip Code IN 46032	Transaction ID: SA11AI.61339
FEC ID number of contributing federal political committee.	IN 46032	Amount of Each Receipt this Period 250.00
Name of Employer CARDIOTHORACIC ANES IN	Occupation ANESTHESIOLOGIST	1
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	nal)	750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedu for each category of t Detailed Summary Pa	the Concert of the Control of the Co
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	the name and address of any political com	any person for the purpose of soliciting contributions imittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) BARRY STOWE Mailing Address 2101 DARTMOUTH City CHARLOTTE FEC ID number of contributing federal political committee. Name of Employer SOUTHEAST ANESTHESIOLOGY CONSULTANTS Receipt For:	PLACE State Zip Code NC 28207 C Occupation ANESTHESIOLOIGST Aggregate Year-to-Date	Date of Receipt M M M O 2
Primary General Other (specify) Full Name (Last, First, Middle Initial) DANIEL SUCHA Mailing Address 829 RAVENSTONE	250	Date of Receipt
City MODESTO FEC ID number of contributing federal political committee. Name of Employer SUTTER GOULD MED GRP Receipt For: Primary General	State Zip Code CA 95355 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date	Transaction ID: SA11AI.60672 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) JOHN SUDKAMP Mailing Address RR 1 BOX 132A City SIGEL	State Zip Code IL 62462	Date of Receipt M M
FEC ID number of contributing federal political committee. Name of Employer CARLE CLINIC Receipt For: Primary General Other (specify)	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 250	250.00
SUBTOTAL of Receipts This Page (optional)	> 750.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 84 / 113 (check only one) X 11a
,	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION COM	IMITTEE
Α.	Full Name (Last, First, Middle Initial) FRANCISCO SUERO Mailing Address 2963 DORMAN AVE			Date of Receipt
		O	7: 0 !	03 05 2008
	City BROOMALL	State PA	Zip Code 19008	Transaction ID: SA11AI.60721 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer DARBY ANESTH	Occupation ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial) NEIL SWISSMAN Mailing Address 11249 GOLDEN CHE	CTNUT DI		Date of Receipt
	Mailing Address 11249 GOLDEN CHE	SINUIPL		03 / 28 / 4 2008
	City LAS VEGAS	State NV	Zip Code 89135	Transaction ID: SA11AI.61497
	FEC ID number of contributing federal political committee.	C	03133	Amount of Each Receipt this Period 500.00
	Name of Employer SUMMIT ANES	Occupation ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
с. С.	Full Name (Last, First, Middle Initial) RAYMOND TAPNIO			Date of Receipt
	Mailing Address 5272 ARAPAHO WAY	1		03 / 06 / Y Y Y Y Y Y Y
	City CARMEL	State IN	Zip Code 46033	Transaction ID: SA11AI.60861 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer SOUTHEAST ANESTH	Occupation ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional) .			1000.00
	TOTAL This Period (last page this line number	r only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 85 / 113 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			on for the purpose of soliciting contributions o solicit contributions from such committee.
AMERICAN SOCIETY OF ANESTHES	IOLOGISTS	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) DAMON TEMPLETON			Date of Receipt
Mailing Address 3507 LAKESTONE CT			03 15 2008
City	State	Zip Code	Transaction ID: SA11AI.61198
MARTINEZ	GA	30907	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer ANESTHESIA CONSULTANTS OF AUGUSTA, LLC	Occupation PHYSICI		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) ERIC THOMAS			Date of Receipt
Mailing Address 4625 BRADFORD HTS	}		03 / 07 / 4 2008
City	State	Zip Code	Transaction ID: SA11AI.61072
COLORADO SPRINGS FEC ID number of contributing federal political committee.	CO	80906	Amount of Each Receipt this Period 250.00
Name of Employer ANES ASSOC CO SPRGS	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) STEPHEN THOMPSON			Date of Receipt
Mailing Address 1205 COUNTRY LN			03 07 2008
City	State	Zip Code	Transaction ID: SA11AI.61025
ORLANDO	FL	32804	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer ANES OF GR ORLANDO	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)			1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedu for each category of t Detailed Summary Pa	he (crieck drilly drie)
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	e name and address of any political com	any person for the purpose of soliciting contributions imittee to solicit contributions from such committee. N COMMITTEE
Full Name (Last, First, Middle Initial) ELISE TOMARAS Mailing Address 4774 REBEL TRL NW	I	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City ATLANTA FEC ID number of contributing	State Zip Code GA 30327	Transaction ID: SA11AI.60751 Amount of Each Receipt this Period 250.00
Receipt For: Primary Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date	0.00
Full Name (Last, First, Middle Initial) MICHAEL TOMLIN Mailing Address 3683 POWER PL		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City CARMEL FEC ID number of contributing	State Zip Code IN 46033	Transaction ID: SA11AI.61426 Amount of Each Receipt this Period 250.00
Receipt For: Primary Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date	0.00
Full Name (Last, First, Middle Initial) BETH TRAYLOR Mailing Address 3535 E 146TH ST		Date of Receipt
City CARMEL FEC ID number of contributing federal political committee.	State Zip Code IN 46033	0 3 0 5 2 0 0 8 Transaction ID: SA11AI.60776 Amount of Each Receipt this Period 250.00
Name of Employer ANES CONSUL INDIANAPOLIS Receipt For: Primary General	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date	
Other (specify) ▼	250	0.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 87 / 113 (check only one) X 11a 11b 11c 12
A	Any information copied from such Reports and St or for commercial purposes, other than using the	tatements ma name and ad	unot be sold or used by any perso dress of any political committee to	13 14 15 16 17 on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	IOLOGIST	S POLITICAL ACTION COM	IMITTEE
۷.	Full Name (Last, First, Middle Initial) ROBERT VANBEEK			Date of Receipt
	Mailing Address 35 STONEHURST RD			03 / 28 / 2008
	City	State	Zip Code	Transaction ID: SA11AI.61331
	GROSSE PTE SHORES	MI	48236	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer ST JOHN ANESTH	Occupatio ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
- 3.	Full Name (Last, First, Middle Initial) JERROLD VEST			Date of Receipt
	Mailing Address 1975 CORBETT HIGHI	LANDS PLA	ACE	03 21 2008
	City	State	Zip Code	Transaction ID: SA11AI.61236
	ARROYO GRANDE	CA	93420	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer SELF	Occupatio ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) DAVID VICKERS			Date of Receipt
	Mailing Address 216 CHEEKWOOD CT	-		03 / 07 / 2008
	City FRANKLIN	State TN	Zip Code 37069	Transaction ID: SA11AI.60954 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer NASHVILLE ANES SERV	Occupatio ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			1000.00

ľ	Any information copied from such Reports and State or for commercial purposes, other than using the results.	atements ma	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any person	FOR LINE NUMBER: PAGE 88 / 113 (check only one) X 11a 11b 11c 12 13 14 15 16 17 In for the purpose of soliciting contributions
A .	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESI Full Name (Last, First, Middle Initial) DAVID WAGNER Mailing Address 19 PILGRIM DR			
	City BEDFORD FEC ID number of contributing federal political committee.	State NH	Zip Code 03110	Transaction ID: SA11AI.61293 Amount of Each Receipt this Period 300.00
	Name of Employer ANESTHESIA CARE GROUP Receipt For: Primary General Other (specify) ▼	Occupation PHYSIC Aggregate		
В.	Full Name (Last, First, Middle Initial) KARL WAGNER Mailing Address 2500 METROHEALTH City CLEVELAND FEC ID number of contributing federal political committee. Name of Employer METROHEALTH MED Receipt For: Primary General Other (specify)	State OH C Occupation ANESTH	Zip Code 44109 on HESIOLOGIST e Year-to-Date 300.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
_ С.	Full Name (Last, First, Middle Initial) WILLIAM WARNER Mailing Address 206 ELIZABETH AVE City GREENWOOD FEC ID number of contributing federal political committee. Name of Employer ANES OF GREENWOOD Receipt For: Primary General Other (specify)		Zip Code 29646 on HESIOLOGIST e Year-to-Date 250.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	SUBTOTAL of Receipts This Page (optional)			850.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 89 / 113 (check only one) X
N	information copied from such Reports and S r commercial purposes, other than using the AME OF COMMITTEE (In Full)			on for the purpose of soliciting contributions o solicit contributions from such committee.
	MERICAN SOCIETY OF ANESTHES	SIOLOGISTS	S POLITICAL ACTION COM	IMITTEE
. <u> </u>	ull Name (Last, First, Middle Initial) OUGLAS WEMMER			Date of Receipt
N	failing Address 426 SAN REMO WAY			03 03 2008
	ity	State	Zip Code	Transaction ID: SA11AI.60617
<u>S</u>	SAN DIEGO	CA	92106	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	С		250.00
N	ame of Employer EAGER & ASSOC	Occupatio PHYSICI		
R	eceipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	1
. <u>J</u>	ull Name (Last, First, Middle Initial) ANET WENDELN failing Address 13739 FOXDALE LAKI	F DB		Date of Receipt
_	TO TO TO THE ENTRY			03 31 2008
	ity	State	Zip Code	Transaction ID: SA11Al.61524
F	CARMEL EC ID number of contributing ederal political committee.	C	46032	Amount of Each Receipt this Period 400.00
N A	lame of Employer NES CONSULT INDSPLS	Occupatio ANESTH	n IESIOLOGIST	
R	leceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
	ull Name (Last, First, Middle Initial) LBERT WHITESELL			Date of Receipt
N	failing Address 55 UTE PASS TRL			03 28 2008
	ity	State	Zip Code	Transaction ID: SA11AI.61357
<u></u>	DURANGO	CO	81301	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	С		250.00
N N	ame of Employer MERCY HOSPITAL	Occupatio ANESTH	n IESIOLOGIST	
R	eceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUE	BTOTAL of Receipts This Page (optional)			900.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 90 / 113 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
1 \	IOLOGISTS POLITICAL ACTION COMM	MITTEE
Full Name (Last, First, Middle Initial) BRIAN WILDER Mailing Address 1937 OUFFNS RD		Date of Receipt
Mailing Address 1937 QUEENS RD City	State Zip Code	0 3 0 7 2 0 0 8 Transaction ID: SA11AI.61105
CHARLOTTE	NC 28207	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer SE ANES CONSULT	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) MERRILL WORKHOVEN		Date of Receipt
Mailing Address 1980 1/2 N 14TH ST		03 / 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.60956
COOS BAY	OR 97420	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer BAY GROUP ANES SVC	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) ELAINE YANG		Date of Receipt
Mailing Address 29515 BAYCREST DR		03 / 07 / Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.60946
RANCHO PALOS VERDE	CA 90275	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer LA COUNTY	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		1000.00
TOTAL This Period (last page this line number of	· ·	

SCHEDULE A (FEC FOITEMIZED RECEIPTS Any information copied from such Bo	eports and Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 91 / 113 (check only one) X
or for commercial purposes, other th NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF A	an using the name and ad	dress of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Init	,		Date of Receipt
Mailing Address 4200 W. ME	MORIAL SUITE 703		03 17 2008
City	State	Zip Code	Transaction ID: SA11Al.61214
OKLAHOMA CITY	OK	73120	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer AFFILIATED ANESTHESIOLOG STS	Occupation PHYSIC		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Init	ial)		Date of Receipt
·	VORTH DRIVE		03 08 2008
City	State	Zip Code	Transaction ID: SA11AI.61125
DOTHAN	AL	36305	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer ANESTHESIA CONSULTANTS DICAL GROUP	ME- Occupation ANESTH	n IESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Init	ial)		Date of Receipt
Mailing Address 4986 CHED	WORTH DR		03 28 2008
City	State	Zip Code	Transaction ID: SA11AI.61382
STONE MOUNTAIN	GA	30087	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer EMORY UNIV	Occupation PHYSIC		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page	(optional)		2500.00
a	(-12-12-12-)		

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 92/113 Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) PHILIP ZITELLO Date of Receipt Mailing Address 26 TIMBER MARSH LN 03 07 2008 City State Zip Code Transaction ID: SA11AI.60939 **HILTON HEAD ISLAND** SC 29226 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer PALMETTO ANES OF PAIN Occupation **PHYSICIAN** Receipt For: Aggregate Year-to-Date Primary General 250.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	250.00
TOTAL This Period (last page this line number only)	•	91151.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 93 / 113 (check only one) 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	SIOLOGISTS POLITICAL ACTION CO	MMITTEE
Full Name (Last, First, Middle Initial) NORTHERN TRUST CO Mailing Address 50 S LASALLE		Date of Receipt 0 3 3 1 2 0 0 8
City CHICAGO	State Zip Code IL 60675	Transaction ID: SA17.61704 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	3136.34
Name of Employer	Occupation	INTEREST INCOME
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 11464.02	

SUBTOTAL of Receipts This Page (optional)	•	3136.34
TOTAL This Period (last page this line number only)	•	3136.34

SCHEDULE B (FEC Form 3X)

Any Information copied from such Reports and State or for commercial purposes, other than using the result of the commercial purposes.	ame and address of any political	committee to so	22 X 23 24 25 26 26 29 300 27 28 28 28 28 29 300 28 29 300 20 20 20 20 20 20 20 20 20 20 20 20 2
or for commercial purposes, other than using the research NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESI Full Name (Last, First, Middle Initial) BECERRA FOR CONGRESS Mailing Address PO BOX 116	ame and address of any political	committee to so	licit contributions from such committee
Mailing Address PO BOX 116			Transaction ID: SR23 61507
HYATTSVILLE Purpose of Disbursement	State Zip Code MD 20781		Date of Disbursement M 3 M / D 6 D / Y 2 0 0 8 Amount of Each Disbursement this Period
Candidate Name Office Sought: House Disbute Senate President State: District:	ursement For: 2008 Primary X General Other (specify) ▼	Category/ Type	
Full Name (Last, First, Middle Initial) BOUSTANY FOR CONGRESS Mailing Address 2501 WISCONSIN AV City	/E NW #304 State Zip Code		Transaction ID: SB23.61651 Date of Disbursement M 3 M / D 1 3 / Y 2 0 0 8 Y
WASHINGTON Purpose of Disbursement Candidate Name Office Sought: House Senate President	DC 20007 ursement For: 2008 Primary X General Other (specify)	Category/ Type	Amount of Each Disbursement this Period 1000.00
State: District: Full Name (Last, First, Middle Initial) BUCK MCKEON FOR CONGRESS Mailing Address 23942 LYONS AVE # City SANTA CLARA Purpose of Disbursement Candidate Name Office Sought: House Disburse	State Zip Code CA 91321	Category/ Type	Transaction ID: SB23.61649 Date of Disbursement O 3
Senate President State: District: SUBTOTAL of Disbursements This Page (option	X Primary General Other (specify) ▼ al)	>	3000.00

ΙT	CHEDULE B (FEC FOIII 3X)	Use separate schedu		FOR LINE (check only	
	EMIZED DISBURSEMENTS	for each category of Detailed Summary P	age	21b 27	22 X 23 24 25 28 28a 28b 28c 29
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam				
\rangle	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOL				
<u>/</u>	Full Name (Last, First, Middle Initial)				Transaction ID: SB23.61601
	CAMPAC Mailing Address 5915 EASTMAN AVE #1	00			Date of Disbursement O 3
	City MIDLAND	State Zip Code MI 48640			Amount of Each Disbursement this Period
	Purpose of Disbursement 2008 CONTRIBUTION			•	5000.00
	Candidate Name			tegory/ Type	
	Senate	ement For: 2008 Primary Gen Other (specify)			
	Full Name (Last, First, Middle Initial) CARNAHAN FOR CONGRESS				Transaction ID: SB23.61616 Date of Disbursement
	Mailing Address 7370 MANCHESTER RE) #20			$\begin{bmatrix}\begin{smallmatrix}M&3&M\\0&3&\end{smallmatrix}\end{bmatrix}/\begin{bmatrix}\begin{smallmatrix}D&0&0\\0&6&\end{smallmatrix}]/\begin{bmatrix}\begin{smallmatrix}Y&Y&0&0&8\\2&0&0&8\end{smallmatrix}$
	City ST LOUIS	State Zip Code MO 63143			Amount of Each Disbursement this Period
	Purpose of Disbursement			•	1000.00
	Candidate Name			tegory/	
	Office Sought: Senate President State: Disburse	ement For: 2008 Primary X Gen Other (specify)	!	71-	
	Full Name (Last, First, Middle Initial) CITIZENS FOR ALTMIRE				Transaction ID: SB23.61671 Date of Disbursement
					03
	Mailing Address PO BOX 1776				
	Mailing Address PO BOX 1776 City FREEDOM	State Zip Code PA 15042			Amount of Each Disbursement this Period
	City			•	Amount of Each Disbursement this Period
	City FREEDOM			itegory/	
	City FREEDOM Purpose of Disbursement Candidate Name				

Transaction ID: SB23.61595 Date of Disbursement House Primary X General	SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE		PAGE 96 / 113
Transaction ID: SB23.61595 Date of Disbursement Candidate Name Office Sought: House Persident State: District: Full Name (Last, First, Middle Initial) DAVE CAMP FOR CONGRESS Mailing Address 2501 WISCONSIN AVE NW #304 City WASHINGTON DC 20007 Purpose of Disbursement Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) DAVE CAMP FOR CONGRESS Mailing Address 2501 WISCONSIN AVE NW #304 City WASHINGTON DC 20007 Purpose of Disbursement Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) DAVE CAMP FOR CONGRESS Mailing Address 2501 WISCONSIN AVE NW #304 City WASHINGTON DC 20007 Purpose of Disbursement Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) DAVE CAMP FOR CONGRESS Mailing Address 2501 WISCONSIN AVE NW #304 City WASHINGTON DC 20007 Purpose of Disbursement Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) DAVE CAMP FOR CONGRESS Mailing Address 2501 WISCONSIN AVE NW #304 City WASHINGTON DC 20007 Purpose of Disbursement Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) DAVE CAMP FOR CONGRESS Mailing Address 2501 WISCONSIN AVE NW #304 City WASHINGTON DC 20007 Purpose of Disbursement Tor: 2008 Mailing Address 2501 WISCONSIN AVE NW #304 City WASHINGTON DC 20007 Purpose of Disbursement Candidate Name Office Sought: House Senate Primary X General Other (specify) ▼ Office Sought: House Senate Primary X General Other (specify) ▼ Office Sought: House Senate Primary X General Other (specify) ▼ Office Sought: House Senate Primary X General Other (specify) ▼	ITEMIZED DISBURSEMENTS	for each category of the	21b	22 X 23	
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) DAVE CAMP FOR CONGRESS Mailing Address Moling Address President State: Disbursement Candidate Name Other (specify) ▼ Other (specify) ▼ Other (specify) ▼ Other (specify) ▼ Transaction ID: SB23,61695 Date of Disbursement this Period Transaction ID: SB23,61689 Date of Disbursement this Period Transaction ID: SB23,61689 Date of Disbursement Other (specify) ▼ Amount of Each Disbursement this Period Transaction ID: SB23,61689 Date of Disbursement Other (specify) ▼ Amount of Each Disbursement this Period Transaction ID: SB23,61689 Date of Disbursement Other (specify) ▼ Other (specify) ▼ Transaction ID: SB23,61689 Date of Disbursement Other (specify) ▼ Other (specify) ▼ Type Office Sought: House Senate President Date of Disbursement Other (specify) ▼ Transaction ID: SB23,61689 Date of Disbursement Other (specify) ▼ Type Other (specify) ▼ Transaction ID: SB23,61689 Date of Disbursement Other (specify) ▼ Transaction ID: SB23,61689 Date of Disbursement Other (specify) ▼ Type Other (specify) ▼ Transaction ID: SB23,61691 Date of Disbursement this Period Other (specify) ▼ Transaction ID: SB23,61691 Date of Disbursement Other (specify) ▼ Transaction ID: SB23,61691 Date of Disbursement Other (specify) ▼ Transaction ID: SB23,61691 Date of Disbursement Other (specify) ▼ Transaction ID: SB23,61691 Date of Disbursement Other (specify) ▼ Other (specify) ▼ Transaction ID: SB23,61691 Date of Disbursement Other (specify) ▼ Transaction ID: SB23,61691 Date of Disbursement Other (specify) ▼ Other (s					
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Mailing Address 3440 YOUNGFIELD ST	#264			$\begin{bmatrix}\begin{smallmatrix}M\\O3\end{smallmatrix}^M&\begin{smallmatrix}\\\end{smallmatrix}&\begin{smallmatrix}D\\O6\end{smallmatrix}^D&\begin{smallmatrix}\\I\end{smallmatrix}&\begin{smallmatrix}Y&Y&Y&Y\\2&0&0&8\end{smallmatrix}^Y$
City WHEAT RIDGE		Zip Code 80033		Amount of Each Disbursement this Period
Purpose of Disbursement			• •	1000.00
Candidate Name			Category/ Type	
9 🗎	ement For: Primary Other (specif	2008 General fy) ▼		
SUBTOTAL of Disbursements This Page (optional)				4500.00

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CHEDULE B (FEC Form 3X)	Use sena	rate schedule(s)	chedule(s) FOR LINE NUMBER:		BER: PAGE 1					108	08 / 113			
EMIZED DISBURSEMENTS	for each o	category of the (Crieck or		(check only one)					23 2 4			25 26		
	Detailed S	Detailed Summary Page				28a		23 28b	Н	28c	\vdash	29	\vdash	30b
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for commercial purposes, other than using the name	e and addres	ss of any political	commi	ttee to s	solic	it contrib	butio	ons fr	om s	such c	com	mittee		
NAME OF COMMITTEE (In Full)	OCIOTO D		TION	CO 1 41	/IT									
AMERICAN SOCIETY OF ANESTHESIOL	.OGIS15 P	OLITICAL AC	HON	COM	/II I	IEE								
Full Name (Last, First, Middle Initial) PROSPERITY PAC						Transa Date of			_		162	26		
Mailing Address 1006 PENDLETON ST						0 3	/		6	/ Y	2	ž 0 Ŏ 8	8 ^Y	
City	State	Zip Code				Amour	nt of	Each	Dis	burse	mer	nt this I	Perio	nd
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Full Name (Last, First, Middle Initial) ROTHMAN FOR NEW JERSEY						Transa Date of			_		160)3		
Mailing Address 209 PENNSYLVANIA AV	/E SE					0 3	/	D C	6	/ Y	2	ž 0 ŏ 8	8 ^Y	
City	State	Zip Code				Amour	nt of	Each	Dis	burse	mer	nt this I	Perio	od
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Purpose of Disbursement						-						000.0	,0	
Candidate Name			Cate											
Senate X President	ement For: Primary Other (spec	2008 General												
State: District: Full Name (Last, First, Middle Initial)						_					400			
SCALISE FOR CONGRESS						Date of	f Dis	sburs	eme				Y	
Mailing Address 3100 RIDGELAKE #301						0 3		1	3	Ĺ	2	ž o ŏ s	8	
City METAIRIE	State LA	Zip Code 70002				Amour	nt of	Each	Dis	burse	mer	nt this I	Perio	od
Purpose of Disbursement											5	5000.C	00	
Candidate Name			Cate											
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SCHEDULE B (FEC Form 3X)	Use sepa	Use separate schedule(s) (ch			FOR LINE NUMBER: (check only one)					PAGE 109/113		
ITEMIZED DISBURSEMENTS		category of the Summary Page		21b 27	22 28a	X 23 28b	Н	24 28c	25 29		26 30	
Any Information copied from such Reports and S												
or for commercial purposes, other than using the	e name and addres	ss of any political c	ommi	ttee to s	olicit con	tributions ti	rom s	sucn co	ommittee			
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	SIOLOGISTS P	OLITICAL ACT	ION	COMM	IITTEE							
Full Name (Last, First, Middle Initial) SUE MYRICK FOR CONGRESS						saction ID of Disburs	eme					
Mailing Address PO BOX 37091					0 3	M / D	06	/ Y	žoŏ	8 ^Y		
City	State	Zip Code			Amo	unt of Eacl	n Dis	burser	ment this	Perio	d	
CHARLOTTE	NC	28237							2000.0	<u> </u>		
Purpose of Disbursement			,						2000.0	,0	_	
Candidate Name			Cate									
Office Sought: House Dis Senate President State: District:	sbursement For: X Primary Other (spec	2008 General										
Full Name (Last, First, Middle Initial)					T			00.01				
SUE MYRICK FOR CONGRESS						saction ID of Disburs	_		1635			
Mailing Address PO BOX 37091					0 3	M / D	06	/ Y	200	8 ^Y		
City	State	Zip Code			Amo	unt of Each	n Dis	burser	nent this	Perio		
CHARLOTTE	NC	28237						•	0000.0			
Purpose of Disbursement			,	-					3000.0	טע		
Candidate Name			Cate									
Office Sought: House Dis Senate President State: District:	sbursement For: Primary Other (spec	2008 X General cify) ▼										
Full Name (Last, First, Middle Initial) TALLATCHEE CREEK INC.						saction ID of Disburs			1631			
Mailing Address PO BOX 29576					0 ^M 3	M / D	0 6	/ Y	žoŏ	8 ^Y		
City	State	Zip Code			Amo	unt of Each	n Dis	burser	ment this	Perio	d	
WASHINGTON	DC	20017				-	•		2500.0)O		
Purpose of Disbursement 2008 CONTRIBUTION			,						2500.0	,,,		
Candidate Name			Cate									
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	CHEDULE B (FEC FOIII 3X)	Use separate schedule(s		NE NUMBER: PAGE 110 / 113 only one)
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28 28b 28c 29
	y Information copied from such Reports and State for commercial purposes, other than using the nar			
\rangle	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIO	LOGISTS POLITICAL AG	CTION COM	IMITTEE
<u></u>	Full Name (Last, First, Middle Initial)			Transaction ID: SB23.61653
	THE MIKE R FUND			Date of Disbursement
	Mailing Address PO BOX 2485			03
	City SPRINGFIELD	State Zip Code VA 22152		Amount of Each Disbursement this Period
	Purpose of Disbursement	VA 22132		1000.00
	2008 CONTRIBUTION		L	
	Candidate Name		Category/ Type	
	Senate President	ement For: 2008 Primary General Other (specify)		
	State: District: Full Name (Last, First, Middle Initial)			
	TODD AKIN FOR CONGRESS			Transaction ID: SB23.61599 Date of Disbursement
	Mailing Address PO BOX 368			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City FALLS CHURCH	State Zip Code VA 22040		Amount of Each Disbursement this Period
	Purpose of Disbursement			1000.00
	Candidate Name		Category/ Type	
	Office Sought: House Disburs	ement For: 2008 Primary X General Other (specify)	1 "	
	Full Name (Last, First, Middle Initial) UDALL FOR COLORADO			Transaction ID: SB23.61677 Date of Disbursement
	Mailing Address PO BOX 40158			03
	City DENVER	State Zip Code CO 80204		Amount of Each Disbursement this Period
	Purpose of Disbursement	<u> </u>	v v	2500.00
	Candidate Name		Category/ Type	
		ement For: 2008 Primary General Other (specify)		
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		NE NUMBER: PAGE 111 / 113 only one)						
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b	<u> </u>	23 28b	24 28c		25 29	26 30b	
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam									
NAME OF COMMITTEE (In Full)	e and address of any political c	committee to	Solicit Continot	110115 1101	II SUCII (JOHIH	iillee		
AMERICAN SOCIETY OF ANESTHESIOL	OGISTS POLITICAL ACT	TION COM	IMITTEE						
Full Name (Last, First, Middle Initial) UDALL FOR US ALL			Date of I	tion ID: S Disburser	nent			v	
Mailing Address 3311 CANDELARIA NE	#A		0 3	[/] ^D 2(ם ' ב	ž	o ŏ 8	Y	
City ALBUQUERQUE	State Zip Code NM 87107		Amount	of Each D	Disburse	-			
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Candidate Name		Category/ Type							
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Full Name (Last, First, Middle Initial) UDALL FOR US ALL			Date of I	tion ID: S Disbursen	nent				
Mailing Address P.O. BOX 208			0,3	[/] 27	7	ž	0 ŏ 8	Y	
City SANTA FE	State Zip Code NM 87504		Amount	of Each D	Disburse			-	
Purpose of Disbursement CK VOIDED ORIG ISSUED 2/25/08						-50	00.00	0	
Candidate Name		Category/ Type							
Senate President	ement For: Primary General Other (specify)								
State: District: Full Name (Last, First, Middle Initial)			T	tion ID: S	2000 0	1500	`		
WEXLER FOR CONGRESS			Date of I	Disbursen	nent			V	
Mailing Address 2500 N MILITARY TRL #	251		03	006	6	2	0 ŏ 8		
City BOCA RATON	State Zip Code FL 33431		Amount	of Each D	Disburse			-	
Purpose of Disbursement						10	00.00)	
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SCHEDULE B (FEC FOIIII 3X)	Use separate schedule(s)	(check only	NUMBER: PAGE 112 / 113
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 23 24 25 28a 28b 28c X 29
Any Information copied from such Reports and Stat or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIC			
Full Name (Last, First, Middle Initial)			Transaction ID: SB29.61701
ILLINOIS DEPT OF REVENUE			Date of Disbursement
Mailing Address P.O. BOX 19045			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ I & O \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ I & O & N & N \end{bmatrix} $
City SPRINGFIELD	State Zip Code IL 62794		Amount of Each Disbursement this Period
Purpose of Disbursement 2008 ESTIMATED IL 1120ES			3600.00
Candidate Name		Category/ Type	
Office Sought: House Disbu Senate President State: District:	sement For: Primary General Other (specify) ▼	No.	
Full Name (Last, First, Middle Initial) ILLINOIS DEPT OF REVENUE			Transaction ID: SB29.61702 Date of Disbursement
Mailing Address P.O. BOX 19045			$\begin{bmatrix}\begin{smallmatrix}M\\O3\end{smallmatrix}\end{bmatrix}^M \begin{smallmatrix}D\\10\end{smallmatrix}\end{bmatrix}^D \begin{smallmatrix}D\\10\end{smallmatrix}\end{bmatrix}^D \begin{smallmatrix}Y\\2008\end{smallmatrix}$
City SPRINGFIELD	State Zip Code IL 62794		Amount of Each Disbursement this Period
Purpose of Disbursement 2007 IL1120 POL			1151.00
Candidate Name		Category/ Type	
Office Sought: Senate President State: Disbut	sement For: Primary General Other (specify) ▼	,	
Full Name (Last, First, Middle Initial) NORTHERN TRUST CO			Transaction ID: SB29.61700 Date of Disbursement
Mailing Address 50 S LASALLE			$\begin{bmatrix}\begin{smallmatrix}M\\03\end{smallmatrix}^M&\begin{smallmatrix}I&D\\10\end{smallmatrix}\end{bmatrix}^I\begin{bmatrix}\begin{smallmatrix}Y&Y&Y\\2008\end{smallmatrix}^Y\\\end{smallmatrix}$
City CHICAGO	State Zip Code IL 60675		Amount of Each Disbursement this Period
Purpose of Disbursement 2007 1120POL			15823.00
Candidate Name		Category/ Type	
Senate President	sement For: Primary General Other (specify) ▼		
State: District:			
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE (check onl	NUMBER: PAGE 113 / 113 y one) 22 23 24 25 26
Any Information copied from such Reports and Stateme or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)	and address of any political committee to so	olicit contributions from such committee
AMERICAN SOCIETY OF ANESTHESIOLO Full Name (Last, First, Middle Initial) NORTHERN TRUST CO Mailing Address 50 S LASALLE	OGISTS FOLITICAL ACTION COMM	Transaction ID: SB29.61705 Date of Disbursement O 3 D Y Y Y Y O O 8
7	State Zip Code L 60675	Amount of Each Disbursement this Period 2881.84
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SUBTOTAL of Disbursements This Page (optional)	•	2881.84
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